

Method as Spiritual Care:

An Autoethnographic Exploration of Teenage Pregnancy and Abortion

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A dissertation submitted to the faculty at the Claremont School of Theology in partial fulfillment
of the requirements for the degree of Doctor of Philosophy in Practical Theology.

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Abstract

This dissertation looks at how autoethnography can be used as a method for spiritual care pedagogy, research, and practice, by showing the inductive, reflective, and hermeneutical process involved in a narrative and deeply relational approach to research and writing. Understanding spirituality as, in essence, meaning-making, I consider the ways that storytelling and listening act toward the same goal. In exploring my own experience of adolescent abortion, in collaboration with my parents and other women who had abortions as teenagers, I demonstrate how autoethnography can serve to illuminate larger structural issues (the personal *truly* is political) and be a critical resource for professional formation and self-supervision. For various reasons, including our marginalization in the larger discipline of theology, evidence-based norms within the clinical context, and the subordination of subjects that have been deemed more “feminine,” pastoral theologians have not always brought our greatest strengths as caregivers of the soul (*psyche*)—commitments to bearing witness, offering compassion, reflecting deeply and ethically—to our research endeavors. Scholar-practitioners who are committed to transformation and social justice and, especially within pastoral theology, to intercultural care, can use personal narrative to explore stigmatized topics in a mutual, relational, integrative, and therapeutic manner. In the dissertation, I provide an example of autoethnographic research and writing as practical theological reflective practice, and as a way of embodying the metaphor of the “living human document within the web” (Miller-McLemore, 2008).

Keywords: abortion, autoethnography, pastoral theology, narrative, reflective practice, relational research, spiritual care

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Part 1: The foundation

*You nurtured and loved me
Planted your seed
But it was the fruit of jealous desire, and
Vengeance reigned*

*I called the spirit into me
It bloomed into a life
There was new meaning to my existence*

*I struggled to do what was right
He left me when the pain was too much
Flew away to a better place*

*But when your seed died
So too my love for you*

*I began to wither
Trapped, I no longer could breathe
Now with my wings outstretched
I prepare to begin again*

*The love and light
I fold in unto myself
Where shame, guilt, and loneliness
Have blackened my spirit*

*With pride and strength
Secure, alone, I venture
Into a world of chance*

—me, June 1994 (age 17)

Chapter 1

Introduction

This is a story about spiritual, professional, and academic formation. It is about who we are, how we become, and what we bring to our research. It is about finding a way to live one's values and commitments wholly and authentically in all that we do. This is also a story about a girl who had an abortion. Who became a woman who, at 39, had her first child—under far less than ideal circumstances. Who could only make sense of this later event in terms of the earlier one. Had she been someone who was not in the least interested in the experience of mothering, the abortion event would likely not have led to this story. Had she felt like there was even one person in the world who would have helped her to make a different “choice,” the one she wanted to make at that young age; had she not deeply loved the man she conceived that child with; had she not felt that she had willed him, the baby, into being; had she not been the kind of person who finds meaning first in connection and relationship, and for whom no long-term partnership seemed to work out all these decades later. But, things are as they are. And I write now in the hopes of understanding better this particular thread in my life and to hopefully have my story resonate with you who are reading these words.

As a practical and pastoral theologian, I am interested in the lived experience of religion and spirituality. Studying our subject from the inside out, it is impossible to exclude ourselves from our field of study. And our work as spiritual caregivers is enriched by being able to understand how we shape and are mutually shaped by the people we are in relationship with. This dissertation is a testament to this professional commitment, and it demonstrates how intimately connected my story is to both the stories of those I listen to as a healthcare chaplain

and to readers who in turn “listen” to my narratives. Spiritual care does not end in the hospital room; my research, writing, and ways of engaging the world are all opportunities to provide care to both myself and others.

I am a humanist—who rejects a simple a/theist binary—whose early religious education was in the Episcopal Church, and who has been formed as an academic within the Christian discipline of practical theology. I am also an ordained Buddhist lay minister with Zen, Vipassana, and Jodo Shinshu influences, in addition to the writings of 20th century spiritual teachers Jiddu Krishnamurti and Vimala Thakar, who majored in religion as an undergraduate focusing on East Asian traditions. These various spiritual threads and worldviews, along with a lifelong feminist commitment to justice—and to understanding how culture and systems of oppression impact human beings and their relationships to one another—significantly influence the way that I hear and tell stories and the way that I engage in spiritual caregiving.

As an ACPE-trained healthcare chaplain,¹ I have always provided spiritual care in interreligious contexts, where an inclusive understanding of the sacred was essential in my caregiving relationships. As such, I understand the term “spiritual” as that realm of human experience in which we deal with existential concerns, questions of purpose, meaning and making meaning, and perhaps most fundamentally with connection and relationship—whether to other persons, animals and the environment, or to the transcendent. Spirituality naturally encompasses religion and faith and, for those who do not identify as religious, it includes their

¹ ACPE is a United States-based accrediting and certifying body for clinical pastoral education. See: www.acpe.edu.

values, worldviews, and philosophical frameworks.² Spiritual care is a kind of care that is directed toward both the implicit and explicit spiritual aspects of an individual's or group's experience. More secular individuals may not resonate with the term *soul care*, which is sometimes used to refer to the work we do as pastoral theologians; but given that the Greek word for soul is *psyche*, and that in many Asian languages there is one word used to describe both head and heart (e.g., *citta* in Pali³), I find this to be an apt descriptor of the kind of heartfelt attending to the spirit that we do.

As a practical theologian, I engage in interdisciplinary scholarship and rely on practical wisdom (as Aristotle called it, *phronesis*⁴) and intuition to guide me in my research and writing processes. As interdisciplinary scholars, it is uncomfortable, risky, ambiguous, and complex to venture into academic regions of which we are not experts—as Joyce Ann Mercer (2016) argues in her contribution to the edited volume *Conundrums in Practical Theology* (Mercer & Miller-McLemore, Eds.) while using the analogy of free jazz improvisation—but it is necessary to the

² While there are a number of terms that are used widely to describe spirituality, I find meaning and meaning-making to be the most inclusive and umbrella-like of all the terms. The European Association for Palliative Care (EAPC) provides the following definition: “Spirituality is the dynamic dimension of human life that relates to the way persons (individual and community) experience, express and/or seek meaning, purpose and transcendence, and the way they connect to the moment, to self, to others, to nature, to the significant, and/or the sacred” (Nolan, Saltmarsh & Leget, 2011). Daniel S. Schipani writes, “Spirituality... is the overarching construct connoting a fundamental human potential as well as a need or longing for meaning, communion, existential orientation, and a disposition for relationship with a transcendent power” (2013, p. 4). Marie McCarthy says that spirituality is “is always concerned with the quest for meaning,” that it is “concerned with the deepest desires of the human heart for meaning, purpose, and connection” (2000, p. 196).

³ Pali is an ancient language from the Indian subcontinent that today is used to study Buddhist (Theravadan) scripture and in the context of ritual chanting.

⁴ *Phronesis* refers to the kind of knowing which is often the fruit of deep reflection on practice.

work that we do.⁵ When lived experience is foregrounded, and we engage our scholarship with the humility required to turn to other fields for new insights, we encounter new research methodologies that may challenge our theoretical assumptions while also providing an opportunity to more fully embody our practice in both action and reflection.

As a trained healthcare chaplain, I am accustomed to listening to stories and to helping people tell their stories. However, especially within the academy, I have not had as much experience in developing my own personal narratives. Charles Gerkin (1984) wrote, “It is probably true that books, like sermons, are all in some sense autobiographical” (p. 25). And James Woodward and Stephen Pattison (2000), in their introduction to the *Blackwell Reader in Practical and Pastoral Theology*, include the experiential among practical theology’s essential characteristics, arguing that “personal experience is serious ‘data’ for reflection” (p. 15). It is with this in mind that I engage a methodology that is emergent, at best, in practical theology, but which draws on a long narrative tradition within my sub-discipline of pastoral theology.

The research question driving this dissertation is: How can autoethnography be used as a method for spiritual care pedagogy, research, and practice? Considering postmodern developments in practical and pastoral theology in the past thirty years, I investigate in what

⁵ Mercer writes that interdisciplinary scholarship is complex since the “scholar becomes responsible for competence across multiple frames of knowledge and practice” (p. 166) and because of “our inability to ever fully and sufficiently engage all the frameworks truly necessary for our work” (p. 167) as practical theologians. She adds that “interdisciplinary scholarship in its most radical, integrative forms can put practical theologians in the position of not being recognized as holding full membership within any particular site within the academy” (p. 165), and writes “that the field may well attract people who prefer the risks and ambiguities of improvisational forms of expertise more than the security and certainty of content-mastery types of expertise” (p. 175), a challenging proposition for ongoing scholarship indeed.

ways autoethnography, which “refers to writing about the personal and its relationship to culture” (Ellis, 2004, p. 37), is an appropriate method for practical theologians to engage in our work.⁶ As I engage the method, I wonder too if it is perhaps possible to lessen the theory and practice divide and the consequent subordination of practical wisdom—of which practical theology has fallen prey in the academy—by incorporating autoethnography into our work. And, I also hope that this method can perhaps help bring practical theological insights to a broader audience.

Born of postmodern, social constructionist, feminist, and critical theories, and thus a relative newcomer to qualitative inquiry itself, autoethnography holds reflexivity as a core tenet. Similarly, in clinical pastoral education and spiritual care, reflexivity, that is, having an ongoing conversation with ourselves about what is being experienced and how the experience is being shaped by our own subjectivities—our very situatedness or cultural location(s)—is an essential quality for the work of bearing witness, deep listening, and compassionate care.⁷ Psychotherapist Harlene Anderson (2014), who uses the word dialogue to mean “talking in which meaning-making is its essence” (p. 67) and here refers to subjectivities as “pre-understandings,” describes reflexivity in the context of collaborative-dialogue based research as follows:

⁶ Carolyn Ellis (2004) continues: “It is an autobiographical genre of writing and research that displays multiple layers of consciousness. . . . Back and forth autoethnographers gaze: First they look through an ethnographic wide angle lens, focusing outward on social and cultural aspects of their personal experience; then, they look inward, exposing a vulnerable self that is moved by and may move through, refract, and resist cultural interpretations. As they zoom backward and forward, inward and outward, distinctions between the personal and cultural become blurred, sometimes beyond distinct recognition” (pp. 37-38).

⁷ Spiritual care theory has been significantly influenced by psychotherapy, particularly the humanist psychologists, with Carl Rogers’s concept of “unconditional positive regard” (1951) being especially important in informing the non-judgmental and non-anxious presence that is cultivated by chaplains. Reflective practice (Schön, 1983) — self-awareness, self reflection, and reflexivity — are all central to the work of chaplains and chaplains in training and add a critical element to our work. Reflexivity and reflective practice are explored in depth in Chapter 2.

Our inner dialogue is a critical component in engaging another into dialogue with us and themselves, and sustaining it. In other words, to be in dialogue with another person requires first being in dialogue with one's self. This entails being able to suspend our pre-understandings, to be aware of when our pre-understandings are leading, and to open ourselves to the other and their otherness and let it enter us. (p. 68)

In research, a commitment to reflexivity means that we translate this awareness into an acknowledgement to both our participants and our readers of who we are and the experiences we've had, and to how this impacts relationships, research outcomes, and the storytelling itself (Etherington, 2004). We also open ourselves up to being changed in the process.

Taking an autoethnographic approach to the dissertation means that I privilege narrative as a way of making transparent this reflexive approach to my work. At the heart of the method I am using is an autoethnographic investigation of my personal experience with teenage pregnancy and abortion, in dialogue with my parents and other women who also had adolescent abortions.⁸ The “problem” of abortion is embedded in the larger research question investigating the relationship of autoethnography and narrative inquiry to practical theology and spiritual care. Through this exploration, I offer an in-depth personal narrative co-constructed with my research participants in which the abortion story generates a meta-narrative allowing me to comment on the larger structural issues surrounding the issue of abortion. Exploring what happened, as well as the long-term spiritual implications—of what for me was a difficult decision-making process and life crisis—provides an opportunity to build reflexively upon the traditions of the living human web (Miller-McLemore, 1996, 2008) and living human document (Boisen, 1936/2005), and the case study as it has been applied in spiritual care training and from which these concepts

⁸ These women will be alternately referred to as research collaborators and participants throughout this document. I use the terms interchangeably, acknowledging that the latter is more familiar to most readers, but that the former is more aligned with the methodology. I also consider my parents collaborators, but I refer to them more easily as my parents.

derive. A potential consequence of this investigation is to better understand the very common, though frequently silenced, human experience of abortion—an issue that has not been given much attention in the practical and pastoral theological literature to date.

As a feminist pastoral theologian and a woman who has experienced long-term grief and remorse related to my extreme ambivalence about an adolescent abortion, I offer my personal narrative for two purposes. First, it serves as a way of retrospectively considering the ways in which spiritual care support could have reduced the suffering I experienced around this major life experience; second, it allows me to contemporaneously explore in-depth the potential contribution of autoethnographic work to both the theory and practice of spiritual care. In engaging in dialogue and collaborative inquiry with other women who had adolescent abortions, I am able to identify shared spiritual aspects in our memories, stories, and life journeying related to the experience of abortion and to the research process itself, which can offer additional insight into the potential for autoethnographic collaboration in practical theology.

As I understand practical theology, it is, inside and out, a hermeneutical or interpretive process. None of us can do this work without viewing our subject through various lenses, many of which have significant normative implications. My own personal understanding around the subject of abortion is particular to not only having been raised and educated in the post-Roe v. Wade era in the United States, but also to being a white, straight, upper-middle-class, progressive, culturally Christian woman shaped by two conflicting family cultures (one each from my mother and father) and their attendant values, particularly surrounding the subject of teenage pregnancy and abortion. As an academic, I am most influenced by postmodern/poststructuralist theories, including feminist thought, critical and postcolonial theory, and

liberation theology, that investigate power and how relationships of power have distorted knowledge. As a practical theologian and healthcare chaplain, and as a person who reluctantly claims a “religiously plural” identity (or really *any* religious identity), I also have a certain kind of outsider perspective from having my academic and spiritual identity marginalized within larger institutions. I have been drawn to narrative approaches to ethics and spiritual care because of the potential they have for bringing voice to previously silenced perspectives and because of the healing and emancipatory potential of telling and listening to stories. Finally, the kind of reflexivity I explore in the dissertation goes well beyond the very basic social/cultural locating of myself evidenced in this paragraph. It, like autoethnography, can be seen as *a way of life* (Bochner & Ellis, 2016, p. 69) or *a way of being* (Poulos, 2009, p. 20).⁹

Narrative beginnings in pastoral theology

Pastoral theology, as a sub-discipline of practical theology, is specifically concerned with the caregiving functions of ministerial professions. In my case, clinical spiritual care or chaplaincy has been the particular area of focus. Clinical pastoral education (CPE) is formal chaplaincy training, usually provided in a healthcare context, for people of all religious (including humanist) backgrounds who wish to pursue and/or learn from this particular interfaith ministry. An overarching theme of CPE is a desire to integrate the learning and wisdom of the head and the heart (Hall, 1992; King, 2007). My experience with CPE is that, while it varies greatly

⁹ Similarly, practical theologian Eric Stoddart suggests that “reflexivity is not merely a research methodology, but *a way of being*” and “a spiritual discipline that is shaped, revised and interpreted within particular ways of understanding God and God’s world” (2014, pp. 16-17, my emphasis). Jean Clandinin and Michael Connelly write, “for us, doing narrative inquiry is *a form of living*” (2000, p. 89, my emphasis).

depending on the supervisor, there are consistent norms and standards in chaplaincy training (e.g., patient-centered care) and, in particular, that it is an adult and learner-centered pedagogy.

At the heart of CPE is the action-reflection-action model, which is demonstrated through one of its primary teaching tools, the “verbatim,” or case study. Chaplain students attempt to document a spiritual care encounter, including dialogue as close to verbatim as possible, and include a significant amount of self-reflection, as well as interpretation of the meaning attributed to the narrative the care receiver has shared and of the relationship between care provider and receiver. Then, the student shares the document with peers and supervisor, considers alternative interventions and ways the interaction could have been strengthened or deepened, and brings what is learned from that feedback into future spiritual care visits. Theoretically, this action-reflection-action model draws from the interpretive process known as the hermeneutic circle, especially as articulated by Hans Gadamer (1975/2013), the goal of which is to transform praxis.¹⁰ At heart, the verbatim or case study as it is practiced today in CPE is narrative, and it is an attempt to tell the story of the caregiver in relationship with the care receiver and the internal processes invoked in that particular relationship.

Practical and pastoral theologians are interested in the lived experience of religion and spirituality and often consider the lives of individuals, the relationships between people, and all the rich stories therein, as the primary texts providing us with spiritual wisdom. At the heart of this work is a belief in the value of narrative and a commitment to both telling and hearing stories as a way of making meaning—meaning-making being one concise way of defining spirituality. The spiritual life encompasses existential concerns and questions regarding our

¹⁰ See Chapter 2 for additional discussion around the hermeneutic circle and its origin.

purpose, morality, happiness, pain and suffering, sickness, and death, and it is an essential component of the human experience (though it may not always be understood or described as “spiritual”). Through this dissertation, the investigation into my experience of abortion as a young woman focuses largely on the long-term affective dimensions of that event and all that surrounded it, as well as the life story that I have authored for myself as a result of the experience. For me, these are its spiritual implications.

Those of us in spiritual care and counseling professions could be said to be doing the work of pastoral hermeneutics (Gerkin, 1984). We, caregiver and care receiver, researcher and research participant, writer and reader, make sense of ourselves through the stories we are told and tell about ourselves.¹¹ And, as long as we are in relationship, we are in dialogue by way of our personal narratives. As spiritual caregivers we interpret the lived experience of religion and spirituality, and, to a large degree, this experience becomes known to us through the telling of and interpreting of stories by those who are in our care. The case study and particularly the verbatim in CPE are centered around dialogue but, at their heart, these documents attempt to convey in rich detail the story that is shared in the clinical encounter and, to some degree as well, the story of the chaplain that informs how the care receiver's story is heard and understood. Case studies also serve to educate chaplains in training and other healthcare professionals about what happens in a spiritual encounter and what the work of a chaplain consists of.

Boisen's living human document (1936/2005) and Miller-McLemore's living human web (1996) have been enduring and essential metaphors for the work of spiritual care. Miller-McLemore, recalling her experience with CPE as a college student, in her article “Revisiting the

¹¹ Walter Fisher (1989), who introduced narrative theory to the field of communication studies, spoke of us as *homo narrans*.

Living Human Web” (2008) writes, “at the heart of my own formation ... lies a natural inclination for the kind of learning focused on living documents” (p. 6), a focus she says that “responded to theological education's distance from practice, providing fresh means for an enriched engagement between practice and theory” (p. 5). This, the text that is at the heart of pastoral care, is experiential theology. More recently, Mary Clark Moschella (2018) writes,

Rather than prescribing overly general theories of care, we need the wisdom that can only come from close exploration of lived theology and practice. The qualitative research trajectory helps us reclaim the central importance of listening, of attending to people in their sociocultural particularity, and allowing ourselves to learn from the people who share their stories with us. (p. 12)

How can we now expand upon the metaphors of the living human document and web, so as to augment the formation process Miller-McLemore refers to? Perhaps also working toward closing the gap between theory and practice in our research? As spiritual caregivers doing qualitative research, we can draw on our clinical training, as well as our own narrative resources—our personal life stories, by employing methods such as autoethnography.

Miller-McLemore (2010) writes that practical theology is “performed by those who thoughtfully seek to embody deep convictions about life and its ultimate meaning in the midst of extraordinary and ordinary circumstances” (p. 1741). Something similar could be said of those who engage in autoethnography, particularly those who tend toward the more evocative, as opposed to analytic, form.¹² Tony Adams, Stacey Holman Jones, and Carolyn Ellis write, “autoethnography is a method that allows us to reconsider how we think, how we do research and maintain relationships, and how we live” (2014, p. 8). Focused on relationship, meaning-making, and the inner life, and, in research, deeply committed to reflexivity and emotional

¹² For a description of analytic autoethnography and a critique of the kind represented in this dissertation, see Anderson, 2006.

introspection, the interdisciplinary fields of practical theology and communication studies—from which much autoethnography derives—are natural partners in the feminist and postmodern turn toward (inter)subjectivity.

Because this work takes a narrative shape, and because I understand autoethnography as emergent, and writing as a method of inquiry (Richardson, 1998)—research and writing informing one another like the hermeneutic circle or pastoral spiral—there is a kind of unfolding of knowledge happening in the process of putting “pen” to paper. Though, I do not do it at all with the ethnographic detail that sociologist Carol Ronai does, my writing does approximate the *layered account*, which she describes as a postmodern writing method that “offers an impressionistic sketch, handing readers layers of experience so they may fill in the spaces and construct an interpretation of the writer’s narrative. The readers reconstruct the subject, thus projecting more of themselves into it, and taking more away from it” (1995, p. 396).¹³ Writing in this way, unlike more traditional academic methods, openly acknowledges that the work is a personal reflection of the person creating it, resembling the “stream of consciousness of everyday life” (p. 396), and it also invites a more participatory, dialogic, relational experience for readers and collaborators alike.

How can I demonstrate what autoethnography has to offer practical theology, I wonder? While I may not yet have engaged in a full-fledged autoethnographic exercise as the dissertation allows me to, I’m pretty convinced of its potential. I’m also aware of how counter it is to many

¹³ I resonate strongly with Ronai’s admission too that, in her writing, all she accomplishes is “an acceptable-to-me-at-the-moment portrayal of [her]self.” She continues, “My intended meaning at the time of producing this does not matter. In fact, it will change with the passage of time, if I am asked later to explain what it means” (1995, pp. 398-399). This also recalls Art Bochner’s description of memory work (2007).

of the academic norms shaping my discipline, but certainly not all. There's definitely a space for it. My confidence in this method comes from having discovered it at a moment in my professional formation that included a mix of clinical pedagogical styles—CPE and clinical ethics in the tradition of Richard Zaner¹⁴—and a process of personal spiritual investigation that involved a crisis of vulnerability. Being encouraged to un-peel the layers of protection we all have is something that academia does not typically afford us in its objective and impersonal tendencies, and, yet, we all are writing ourselves in the pages of our work, whether we are transparent about that or not. To understand why autoethnography is so apt for studying lived experience, and worth exploring as a practical theological method, consider Elaine Graham's comments on the related method of action research:¹⁵

It is impossible for the action researcher, in the words of Herr and Anderson, 'to leave themselves off the page.' This results in a reflexive approach to research in which the agendas and assumptions of actors themselves are not 'bracketed out' of the equation but taken to be the substance of the life-world, as lived experience, that is under scrutiny. (2013, p. 156)

This description of action research also recalls Ronai's layered account.

At the time of this writing, some autoethnographic elements appear in a number of theological publications (including a chapter in Fitchett & Nolan's case study anthology, 2018, and the 2014 edition of Swift's *Hospital Chaplaincy in the Twenty-First Century*), most of them from the United Kingdom. And, it is Scotland-based practical and pastoral theologian Heather

¹⁴ For a description, see "Listening or Telling? Thoughts on Responsibility in Clinical Ethics Consultation" (1996) and for examples, *Conversations on the Edge* (2004).

¹⁵ Action research shares with autoethnography a social constructionist and postmodern epistemology and is committed to a collaborative research process, though it may be more oriented toward studying the group than the individual. Ruud Ganzevoort refers to action research as "a tradition of concerned research that aims to improve social practices," to which both practical theology and autoethnography commit themselves (2014, p. 100).

Walton (2014, 2015) who is the foremost scholar publishing autoethnographic work in the field. Walton refers to Rebecca Chopp's "poetics of testimony," (2001) which she says is akin to autoethnography, and argues that both are "concerned with those aspects of human life that cannot be addressed at all within our usual registers and are currently 'unspeakable.' Experiences of trauma and abuse, ecstasy or pain would fall into this category, and witnessing to their significance requires extraordinary means" (2014, p. 146). As practical and pastoral theologians concerned with the experience of human suffering and bearing witness to that experience, Walton argues our work is a natural fit with more narrative, emotionally evocative, and poetic forms of research and writing.

Autoethnography places at the center of any research relationship, the relationship itself. It honors our embodied experience, it engages our storytelling proclivities, and it "acts as a lens that allows us to see and interrogate aspects of the concern in question that might be missed in a more abstract discussion of ethics or values" (Walton, 2014, p. xxxii). Walton talks about the importance of the quotidian in both theology and autoethnography, saying "the practice of telling stories that shed light on wider issues or move the reader to empathetic understanding of social questions is one that closely resembles very familiar ways of finding theological meaning in everyday events" (2014, p. 9). This reflection suggests that autoethnography has the potential to contribute much to practical theological and spiritual care research and formation; for example, pedagogically, autoethnography could provide students an opportunity to enter more fully into a scenario, drawing from their personal experience, than perhaps the case study has allowed.

To this end, my research seeks to:

- illustrate and bring a commitment to the practice of reflexivity, a critical skill for both qualitative researchers and spiritual care providers, throughout the process of researching and writing a monograph;
- explore the complexity of relational and process ethics as autoethnography demands;
- consider autoethnography as a way of bridging the gap between practice and theory in practical and pastoral theology, as clinical training intends;
- demonstrate how autoethnography, as a method, can explore stigmatized experience in a compassionate way; and
- expand our understanding of the spiritual care needs and implications for individuals and families experiencing abortion.

Because of the very partisan and political nature of abortion, and the shame and stigma that continue to surround the experience, it is difficult to encounter nuanced abortion narratives. Within the practical and pastoral theological literature the issue and experience of abortion are hardly addressed. In my research, I explore the spiritual care implications of abortion, by way of my own and my collaborators' personal narratives. Using autoethnography allows me to create resonance and emotional evocation in my own storytelling, so that it has an impact on readers that a more clinical or "objective" study could not provide, perhaps moving the issue of abortion away from a partisan debate and more into the lived experiential and human realm to which practical theology is so committed. Through my research, I work to demonstrate the role of autoethnography in the study and practice of practical and pastoral theology and to encourage greater understanding of the ethical, spiritual, and relational complexity of abortion while also

showing that acknowledging and voicing such ambiguity is not mutually exclusive with advocating reproductive choice and justice.

Part of the reason that talking about one's abortion experience is taboo is that it so often reflects women's sexuality in ways that people would prefer not to acknowledge. As a teenager, that would be the fact of being a sexual being, period. Perhaps as one becomes older, it is the idea that a woman's reproductive choices do not fit into the standard narrative of marriage and family, though very often it is in the context of marriage (and, even more so, motherhood) that abortions occur.¹⁶ Having the incredible synchronicity in becoming pregnant and becoming a mother unexpectedly as I was preparing for my qualifying exams and the dissertation phase of my PhD career, I have had a much nearer experience reflecting on what it means to have one's sexuality made so visibly apparent to others. I have also become aware of how deeply my sexuality, fertility, reproductive decisions, and "maternal generativity" (Miller-McLemore, 1994) figure into my spiritual life. How these deeply embodied aspects of my experience as a human being could have been so neglected in my religious upbringing in the Episcopal Church, and later training in the Buddhist tradition, is not so much a mystery as something that brings me great sadness. In the one graduate-level course I took in which the issue of abortion was explored—Buddhist Social Ethics—not a single reading on the syllabus for that week was written by a woman, or by someone who was reflecting from a personal experience of an unplanned pregnancy. There is clearly a need for first-person narratives regarding this extremely normal, in

¹⁶ According to the Guttmacher Institute, in the United States, "In 2014, some 46% of all abortion patients had never married and were not cohabiting. However, nearly half were living with a male partner in the month they became pregnant, including 14% who were married and 31% who were cohabiting," and a full 59% "of abortions in 2014 were obtained by patients who had had at least one birth" (Jerman, Jones & Onda, 2016).

some ways every-day, but in others life-crisis, experience in the practical and pastoral theological literature.

A practical theological method

[P]ractical theology is a particular way of attending to the structure of a situation; it is an inquiry shaped by the logic of transformation. As a response to a wound, therefore, practical theology asks ‘what must be done?’ Even if it is only to bring the hidden realities of a complex situation to light, its implications are potentially life-changing; and practical theology itself is directed towards the generation of ‘action-guiding world-views’ that will address and transform that situation. (Elaine Graham, 2013, p. 168)

In their text, *Practical Theology and Qualitative Research*, John Swinton and Harriet Mowat write, “personal reflexivity urges us to take seriously the suggestion that all research is, to an extent, autobiography” (2006, p. 60). This dissertation asks us to consider what it would mean if we, as practical and pastoral theologians, took this as a literal call to bring ourselves more transparently into our research and writing. Might this give us a method to earnestly decenter theory in the same way that we as white academics with anti-racist commitments must do with whiteness, and as feminists to actively challenge the ways that patriarchy has shaped our very epistemologies? With such an emphasis on action, which is supported by reflection, what forms of research allow us to live our commitments as practical theologians and to engage in the tasks of practical theology in a transformative way in the process of our inquiry?

In recent years, chaplaincy has seen an increased pressure to demonstrate its value within the medical context, perhaps as it has become more professionalized and therefore feels it needs to meet certain “evidence-based” standards of research. Although many have turned to quantitative research to meet this demand, there is clearly a long history of narrative research

within CPE, given the central place that the verbatim and case study have played in its pedagogy. Boisen approached clinical training with a researcher's eye, and research of lived experience is in the very beginnings of both CPE and its pivotal metaphor of the living human document. The ethnographic and reflexive bases of chaplaincy work and training, and the narrative tradition therein, also affirm the affinity that spiritual care providers have with social workers and clinical ethicists (my experience in the hospital is that psychiatrists are more on the medical side), and why the social sciences have been such an important conversation partner for pastoral theology.

British practical and pastoral theologian John Swinton, in his contribution to a two-volume special issue of the *Journal of Healthcare Chaplaincy* (2002), makes a persuasive argument for narrative research as the way that chaplains can say "yes" to science while still honoring the special role we play in caring for human spirituality, something that does not easily lend itself to research informed by a positivist frame of reference. He writes that "any meaningful discussion of a scientific basis for chaplaincy must begin with the premise that the fundamental task of chaplaincy is not simply to conform to current professional standards but also to transform them in ways which reflect and cater for the fullness of human beings and the rich diversity of human spiritual experience" (p. 227). He suggests one way we can do this is to privilege storytelling since, as chaplains, we are "called to care for the spirituality of human beings, i.e., that dimension of humanness that refuses to be captured by standard scientific methods" (p. 225).

John Patton (1993), referencing the narrative work of psychologist Arthur Kleinman (1988), writes that chaplains are naturally "mini-ethnographers," as they investigate lived experience of individuals, families, and small communities (e.g., a critical care unit, a nursing

team, etc.), observe, taking note of the kind of details an anthropologist or sociologist might in their field work, and have the habit of writing these things down in chart notes and in more formal verbatim or case studies. In fact, the case study has been the most common form of research to date in the field of chaplaincy, though it is only recently that there have been large collections published (for example, Fitchett, et al., 2015; Fitchett & Nolan, 2018).

Swinton and Mowat's *Practical Theology and Qualitative Research* (2006) is regularly assigned to PhD students in practical theology programs, and qualitative research has become more and more frequent in practical theology dissertations over the past 10 or 15 years.

According to Mary Clark Moschella (2018), qualitative research is becoming something that is no longer optional for pastoral theologians. She writes:

In the same way in which many pastoral theologians in the past (and some in the present) have found that staying active in a pastoral counseling practice keeps their teaching about pastoral counseling honest, pastoral theologians now need to continue to read and engage in qualitative studies in order to stay honest and informed about the social and political dimensions of lived religion. In order to teach and practice pastoral care that helps more than it hurts, we need ethnographic and qualitative research studies that illumine the embodied experience of persons and groups in their cultural complexity and evaluate the impact of religious practices. Pastoral ethnography and qualitative research force us to see social realities to which we might otherwise be oblivious, and in this way help the field promote more intelligent, sensitive, and lifegiving forms of care" (p. 19).

As a research-minded spiritual care practitioner and academic, Moschella's words resonate strongly with me, and I believe that now is the time for us to harness our unique skills as caregivers conducting research and wanting to understand "the living human document within the web" (Miller-McLemore, 2008). Narrative research is a natural fit given the storytelling and story listening aspects inherent to our work.

In particular, I have been drawn to autoethnography as a method that can contribute to our understanding and to our formation. By investigating one's own experience, we as pastoral theologians have an opportunity to use personal narrative to bridge the practice and theory gap without necessarily having to enter into a clinical context. We can develop the skills of "thick description" (Geertz, 1973) so important to good ethnography as well as the skill of reflexivity, which allows us to decenter our own identities and the sense that they are normative (Ramsay, 2002). In the process, we can develop empathy for ourselves, as well as those intimate people who are part of our narratives, and we can perhaps even experience the method as an act of spiritual care in and of itself. This is the next generation of living human documents that I hope to be a part of both creating myself and cultivating in others.

Boisen's own writings were highly autobiographical, and were in fact criticized as such, but the seed has long been there for us to grow. British pastoral and practical theologian Heather Walton has been at the forefront of employing autoethnography and personal narrative in our field and her UK colleagues, Stephen Pattison, Zoë Bennett, and Elaine Graham have joined with her to demonstrate and encourage more reflexivity among practical theologians in their recent publication *Invitation to Research in Practical Theology* (2018). At meetings of the Society for Pastoral Theology (SPT) there is talk of bringing ourselves more into our research. During a plenary discussion Phillis Sheppard argued that lived experience has to be more important than theory, that the questions we raise must arise out of the lives of those whom we say we want to understand, work with, and journey with (personal communication, June 18, 2015). Eileen Campbell-Reed, while not naming autoethnography per se, made the case for subjectivity in our research, encouraging us to build on the case study and consider new tools and methodologies in

order to address the problems at hand (personal communication, June 18, 2015). And Mary Clark Moschella (2018) encourages practical theologians to especially engage in narrative methods in her contribution to the anthology, *Pastoral Theology and Care: Critical Trajectories in Theory and Practice* (Ramsay, 2018).

Practical theology often aims to be transformative; an objective that can also be found in particular research approaches. John Creswell describes a transformative kind of qualitative research as having “an action agenda for reform that may change the lives of participants, the institutions in which they live and work, or even the researchers’ lives” (2013, p. 26). Art Bochner (2007) writes about personal narrative and memory work, saying that it “always involves some transformation; it is not the past, only a form or representative of the past. Thus, we are engaged in the active remaking of the past, transforming *then* to *now*” (p. 200). Sheila McNamee and Dian Hosking in *Research and Social Change* (2012), write, “For us, what is central in our orientation towards interviews is our assumption of co-construction, our interest in multiplicity, and the possibility that inquiry may transform the participating forms of life.” (p. 55) They further argue:

We consider *methods as forms of practice*. Each form of practice opens some possibilities and closes others, just as does the choice of method in positive science. Yet, unlike positive science where the selection of a method is evaluated as being good or bad - given the research question, scientific interest, and so forth - within a constructionist sensibility, *the selection of a form of practice is considered a potentially relationally responsive act*. It now becomes possible to attempt to practice inquiry with (rather than on) participants who act in relation to multiple different but equal local realities. (pp. 84-85, my emphasis)

Such a relational approach to research (McNamee and Hosking favor the term *relational construction* over social construction to describe their approach) also reflects more indigenous

ways of thinking and being/doing, and efforts to “decolonize” the research process (see e.g., Denzin & Giardina, 2007; Smith, 2012; Wilson, 2008).

In a chapter titled “Research as Relational Practice,” McNamee (2014) rejects the typical binary of qualitative and quantitative research and instead suggests a third paradigm of relational research. She talks about traditional research as a scientific endeavor, where “research produces knowledge, facts, and evidence about the world *as it is*” (p.75). While they may go about it differently, both qualitative and quantitative research can be conducted from this worldview. A relational constructionist stance, in contrast, “is positioned in an entirely different discursive plane,” one in which the “ conversation is not about right or wrong, good or bad, truth or falsity, evidence or opinion,” but rather is one that is “centered on reflexive inquiry” (p. 80). McNamee argues that social construction is a philosophical stance and when research is conducted from this place there is more interest in relational processes than there is on “self-contained rational individuals” (p. 82) or experiences that are representative of the general population. From a relational constructionist perspective, “new forms of understanding that allow people (clients/ participants) to move beyond identified problems serves as evidence” of the value of the inquiry (p. 88). She says that deliberation and curiosity are central in this approach and that “through constant reflective inquiry, the constructionist researcher explores the ways in which certain research practices might marginalize some while elevating others” (p. 82).

Narrative inquiry and autoethnography are uniquely positioned to engage in both relational research and transformative practical theology; and, if writing as inquiry—as an iterative and inductive process—we are living into the pastoral cycle or action-reflection-action process through such methods: always in process, reflecting, revising, reimagining. I will now

discuss several relational forms of research including interactive interviewing, friendship as method, collaborative witnessing, and compassionate research as possible methodological approaches to practical theology research.

Relational models of research

[Autoethnographers] treat research as a socially—and relationally—conscious act, and attempt to cultivate reciprocal relationships with their participants, readers, and audiences. By reciprocity, we do not mean the exchange of stories, experiences, or resources—a ‘giving back for something received’ that is commonly criticized in fieldwork relationships. Instead, autoethnography seeks reciprocal responses from multiple audiences through relationships and participation. Like the positive and productive relationships in our lives, reciprocal relationships are marked by a sense of mutual responsibility and care. (Tony Adams, Stacey Holman Jones, and Carolyn Ellis 2015, pp. 34-35)

Autoethnography and narrative inquiry

Autoethnography is a qualitative research method in which the primary research subject is the self, often focusing on some aspect of the researcher’s identity and/or a significant life experience. It is, in brief, “research, writing, story, and method that connect the autobiographical and personal to the cultural, social, and political” (Ellis, 2004, p. xix; see also, Holman Jones, 2005). Autoethnographers accomplish this in their personal narratives through exploring topics as diverse as depression (Jago, 2002), child sexual abuse (Ronai, 1995), having a mentally retarded mother (Ronai, 1997), the embodied trauma of an abnormal pregnancy, preterm labor, and the grief of childbirth (Boon, 2012), race and racism (Boylorn, 2011, 2013), sexuality and heteronormativity (Adams, 2011), and gender expectations and norms (Pelias, 2011).

As a fundamentally narrative approach, autoethnography celebrates storytelling and its power to explore and relate realms of human experience through embodied, emotional,

introspective, and reflexive means. It is closely aligned with CPE in its recognition of the importance of affective dimensions alongside the analytic, in its integration of head and heart. Particularly compatible to studying lived experience, autoethnographic work is well-established in communication studies, education, performance studies, sociology, psychology, and a number of other social science and humanities disciplines. This is part of what draws me to explore the potential of the method, since central to the definition of practical theology is its concern with the lived experience of religion and spirituality. Practical theology is, most fundamentally, action and reflection on the spiritual life.¹⁷ It is normative (i.e., concerned with how things “should” be, in terms of values and ethics) in its approach and has care, growth, and education as its orientation. In more radical terms, practical theology is turned towards justice and intends to transform our relationship to one another and to the world (Miller-McLemore, 2010). While autoethnography does not have theological or normative bases, per se, it does have a commitment to social change, and often it too appears to be conducted with care, growth, community, connection, and education in mind.

Autoethnography is a narrative approach that can serve as a bridge between theory and praxis in that its practitioners can use the method and process to engage and deepen their experiential knowledge, while contributing analytically and theoretically to the subject at hand. It is well-suited to pastoral theology because of its deep rootedness in reflexivity and in its ability to awaken empathy in caregivers as they get to know themselves better and help others to know

¹⁷ Bonnie Miller McLemore (2010) further defines practical theology as an area of study that is concerned with ministry, a particular approach in theological education, and an academic discipline in its own right (p. 1741).

them through their storytelling. Carolyn Ellis (2007) speaks to the relational aspects of autoethnography when she writes:

There is a caregiving function to autoethnography (Bochner & Ellis, 2006). Listening to and engaging in other's stories is a gift and sometimes the best thing we can do for those in distress (see Greenspan, 1998). Telling our stories is a gift; our stories potentially offer readers companionship when they desperately need it (Mairs, 1993). Writing difficult stories is a gift to self, a reflexive attempt to construct meaning in our lives and heal or grow from our pain. (p. 26).

Speaking to the unique potential of narrative and autoethnography, Bud Goodall (2012) writes,

“to be drawn to stories as a researcher is to be drawn into a way of life that gives meaning and value to those sources of knowledge that can be gotten at in no other discursive way” (p. 15).

And, Chris Poulos (2008) says, “accidental ethnography,” the term he uses for his particular autoethnographic approach, “coupled with the courage to connect...becomes a primary means of dialogic living that can illuminate relational life in ways that other methodologies, practices, and actions cannot” (p. 19).

Poulos (2009) describes accidental ethnography as a method, a practice, an attitude, an epistemological commitment, a process, and a way of being. He calls it a “knowing-in-action” that “seeks to embrace, and possibly make storied sense of—or at least move through, into, or with—the mystery that animates human life” and “a willingness to surrender to the creative, imaginative, spontaneous, apparently accidental signs and impulses that surge up, from time to time, really grip us, take hold of us, call us out and throw us down, sweep us away, and carry us to places we may not have even imagined if we had tried to lay out a straight line to our eventual discoveries.” (p. 47.) The language Poulos uses to describe his research approach emphasizes what I would consider to be the profoundly spiritual aspect of this work. It also encapsulates

what is for me the deepest purpose of autoethnography. He says that “writing autoethnography is a fundamentally ethical—if sometimes accidental—performance that can, in the end, lead to healing, wholeness, even redemption” (p. 25), and that it is “the engaged practice of living the heart’s call to action” (p. 65). Referring to the exposure of family secrets and stigmatized experience, which often attends autoethnography, he suggests that “if we can, somehow, carve out a space for stories that matter, perhaps we can heal our deeper wounds. Perhaps we can live in a new, brighter world of empathic, therapeutic, healing dialogue—a world where we need not fear the pain, the grief, or the icy grip of secrecy” (p. 16).

Jean Clandinin and Michael Connelly (2000) describe the research method they use in their book *Narrative Inquiry*, writing that narrative inquiries are “aimed at understanding and *making meaning* of experience” (p. 80) and that they “are always strongly autobiographical,” (p. 121). For narrative inquirers, “it is crucial to be able to articulate a relationship between one’s personal interests and sense of significance and larger social concerns expressed in the works and lives of others” (p. 122). Like Laurel Richardson’s (1998) writing as a method of inquiry, and Carol Ronai’s (1995) layered account, Clandinin and Connelly write that “narrative inquiry carries more of a sense of continual reformulation of an inquiry than it does a sense of problem definition and solution” (p. 124). The iterative process of narrative inquiry “is a relational inquiry as we work in the field, move from field to field text, and from field text to research text,” (p. 60); they describe their relationships with participants as intimate, and this iteration as “a movement back and forth between falling in love and cool observation” (p. 82). Perhaps unique to this kind of research approach, as they say (and as Jiddu Krishnamurti said of meditative awareness practice: “the observer is the observed”), it is “always the inquirer experiencing the

experience and also being a part of the experience itself” (p. 81). In narrative inquiry, there is a telling and retelling of stories; Clandinin and Connelly write that they therefore imagine “that in the construction of narratives of experience, there is a reflexive relationship between living a life story, telling a life story, retelling a life story, and reliving a life story” (p. 71).

The approach these autoethnographers and narrative inquirers take to research is not dissimilar from the ways that practical theologian Pamela Cooper-White (2014) talks about the work of spiritual care itself when she writes on suffering. She says, “we need a witness for the events of our lives to fall into ‘narrative awareness,’” (p. 29) and that “for healing to take place fully, we must make meaning in relation to our pain, incorporating our values, spiritual beliefs, hopes, fears, anger, sorrow, and a narrative sense of what has happened, is happening and is going to happen” (p. 25). Bearing witness, through the act of listening to and telling stories, can be a heartfelt act and a gift to self and other. One of the primary ways it offers this potential is by providing a way to make meaning of difficult experience—the very heart of what I understand spirituality to be. With Harlene Anderson’s description of dialogue as essentially meaning-making, Clandinin and Connelly’s description of narrative inquiry as meaning-making, and Ellis’s description of autoethnography as “a reflexive attempt to construct meaning,” in addition to Poulos’s discussion of healing dialogue through “stories that matter” and Goodall’s description of storied research being “a way of life that brings meaning and value,” it would seem that these very methods of research could offer pastoral theologians a narrative approach to spiritual care.

Rebecca Parker writes, “few models exist for writing theology that blends intense intellectual inquiry with personal experience” (p.6). She and Rita Brock (2001) use a narrative and autobiographical voice in *Proverbs of Ashes: Violence, Redemptive Suffering, and the Search*

for What Saves Us, though they came to this place with some trepidation. Parker explains, “The mask of objectivity, with its academic, distanced tone, hid the *lived* character of our theological questions and our theological affirmations. Friends who read early drafts said, ‘The stories matter. They carry the ideas. Tell the stories.’” (p. 6). And so they did, providing a compelling example for those of us in practical theology who want to employ personal narrative in our research.

Mutuality and self-disclosure

Along with autoethnography comes a kind of self-exposure that is not common in therapeutic or ministerial relationships. If we engage in autoethnographic research as spiritual caregivers, there are ways in which autoethnography can be an apt analogy for spiritual care, and other ways in which it is perhaps more controversial. What does mutuality mean in the context of a research relationship in which we make central care and compassion, and the relationship itself? If our commitments as researchers are to relationality, collaboration, and dialogue, then some element of self-revelation is necessary to create the conditions under which those qualities can flourish.

Mutuality is an important value for psychotherapist Judith Jordan and it figures prominently in the collective work coming from the Stone Center at Wellesley College referred to as “relational cultural theory” (Miller, 1987; Miller & Stiver, 1997; Jordan, 2010, 2013). Jordan writes of the importance in a therapist feeling with or into (*Einfühlung* or empathy) a client’s suffering without being overwhelmed by it, essentially conveying the message that “we can be in this together,” as the dyad begins to “appreciate the meaning systems that have grown around the pain and how it has shaped the person’s life and understanding” (1989, p. 3). She also

discusses an approach of *mutual intersubjectivity*, and says that it is “a ‘holding’ of the other’s subjectivity as central to the interaction with that individual,” and that it is an approach in which empathy is most likely to occur (1986, p. 2).¹⁸ This way of being in relationship is a radical spiritual act and it is marked by interest, vulnerability, emotional safety and the ability to express one’s needs, and an openness to change or a growth-orientation (1986, p. 2). From this perspective, mutuality and empathy are inextricably linked.

In order to create this mutuality, Jordan describes the importance of self-disclosure as a clinician, particularly in regard to one’s own suffering, and argues that

If one has a rule to *never respond in a personal way*, the decisions are arbitrary, clearer (although I get less and less sure about how one does this). When we choose to be more real and revealing in therapy, we must make more difficult judgments about what will be in the service of the client and the relationship. This intentionality is at the core. Each relationship will shape different decisions. It is the particularity of the relationship that must be honored. (1989, p. 10)

It is rarely a black and white issue, when to share a personal experience within the context of a professional relationship, especially where there is a responsibility to offer healing of some kind. Context matters. Determining what helps and won’t hurt is a delicate process. It is ethics in practice.

Revealing aspects of ourself can then also be considered to be a part of our ethical responsibility to the relationship. Michael White (1995) says of self-disclosure in the context of

¹⁸ Bennett, et al., (2018) describe intersubjectivity as “the understandings that occur through intuitive connections and purposeful conversations with others” (p. 40).

narrative therapy—another kindred method/approach—and reflecting teams,¹⁹ “sharing of experience is purposeful, and undertaken in cognisance of, and in a way that it is honouring of, the therapeutic contract” (section 4: Deconstruction, example 3, para. 8). While there is an effort to create equality through mutuality, there is also a responsibility on the part of the researcher to privilege the needs, the interpretations, and the stories of the client/patient/co-researcher. Pastoral theologian Pamela Cooper-White (2004) describes this well, as a relational model of care. She writes:

In the positivist model, training and education are used to maintain the helper's status as expert and objective knower of the other. In the relational model, in contrast, training and education (at least in the ideal) shape that subjectivity in ways that will enhance the helper's capacity to share ideas, observations, and possibilities that can stimulate a mutual curiosity about what is happening in the subjectivity of the helpee and what it might mean to him or her. There is still a difference between the helper and the helpee, and it is primarily an ethical one: the helper has been entrusted with *the responsibility to care* for the other. Because of this, the professional helping relationship, unlike other, more reciprocal peer relationships and friendships, is focused as *a matter of contractual trust* to benefit the one seeking help. Both may in fact derive benefit, but the stated purpose of the relationship, and the reason it exists, is to help the helpee. (p. 59, my emphasis)

In this relational model, one where both mutuality and the caregiving responsibility, or therapeutic contract, are foregrounded, there is a genuine willingness on the part of the helper to enter into the experience of another and employ what Harlene Anderson (1997) refers to as a not-knowing stance. This position, one that could also be referred to as “beginner’s mind,” comes up

¹⁹ A reflecting team (Andersen, 1987; Andersen & Katz, 1991) is “a team, usually composed of therapists, who observe a therapy session and, during a break in the session, have a conversation reflecting on the therapy that the family or client observes. The family is then invited to reflect on the reflecting team’s conversation” (Combs & Freedman, 2012, p. 1048). Reflecting team work is often referenced alongside “outsider-witness groups” (White, 1995, 2000) and Barbara Myerhoff’s (1982) metaphor of “definitional ceremony,” which White (2000) describes simply as “one that contributes to the structuring of therapy as a context for the telling and the retelling of the stories of people’s lives” (p. 5). An outsider witness is “a third party who is invited to listen to and acknowledge the preferred stories and identity claims of the person consulting the therapist” (Carey & Russell, 2003, p. 1). I describe these practices more in the following chapter. I also recommend interested pastoral theologians refer to Helsel, 2014.

many times in pastoral care literature as well (see, for example, Bidwell, 2004). The approach corrects, to some degree, for the power imbalance inherent in a research or clinical relationship, and also reflects a more therapeutic perspective.

Students can also be teachers. Patients can also be healers. And, if we are honest about it, we often engage in research with others knowing they have more to offer us than we do them. It is quite different from a spiritual care relationship in that way—so, while we can approach our research with the values of spiritual care, and we can see self-disclosure as a way of creating mutuality, the analogy of a spiritual care relationship is not as simple as researcher is to collaborator as care giver is to care receiver. The individual relationships in a narrative research journey expand far beyond the dyadic field research relationships to include writer, readers, people who benefit from the influence on the reader or collaborator, and so on. The research relationship is one that is dynamic throughout the entire process, as the author's views and understandings are enlarged and continually revised by the other characters in the ongoing research story.

Reflecting a central interpretivist tenet of narrative therapy, that it is not the therapist who is the expert on the content of people's lives, Gene Combs and Jill Freedman (2012) write,

We recognize that a therapy relationship is a two-way relationship, and we acknowledge the effects each therapy relationship has on our life and work, which are often quite profound. Rather than speaking as representatives of expert knowledge, we situate ourselves so that people know something of what shapes our ideas and biases" (p. 1053).

In order to embody mutuality, we must engage in reflective practice, and the kind of self-disclosure that lets others know, this is where I'm coming from, this is who I am, this is *my* particular truth. This self revelation, coupled with the not-knowing stance, requires humility.

In physician Sayantani DasGupta's (2008) discussion of *narrative humility*²⁰—a stance she likens to mindfulness—she considers the words of oral historian Alessandro Portelli (2001) as a model for the clinical relationship: “An interview is an exchange between two subjects: literally a mutual sighting. One party cannot really see the other unless the other can see him or her in turn. The two interacting subjects cannot act together unless some kind of mutuality can be established. Thus the [clinician] has an objective stake in equality” (p. 981). Self-disclosure becomes an essential part of relating to a client, patient, or research collaborator and a tool for cultivating mutuality. Miller and Stiver (1999) write that “Mutual empathy is the great unsung human gift. We are all born with the possibility of engaging in it. Out of it flows mutual empowerment. It is something very different from one-way empathy; it is a joining together based on the authentic thoughts and feelings of all the participants in a relationship” (p. 29). When we approach a research or caregiving relationship in this way, it is, as Harlene Anderson would say, a learning *with* as opposed to a learning *about* (2014, p. 70). It is a co-construction.

Interactive interviewing

The journeys of sociologist Carolyn Ellis and communications scholar Art Bochner, which led to their personal and professional partnership at the University of South Florida starting in the early 1990s, birthed an entire generation of autoethnographic voices. When two of Ellis's graduate students discovered that they had the personal experience of living with an eating disorder in

²⁰ DasGupta writes: “Narrative humility acknowledges that our patients' stories are not objects that we can comprehend or master, but rather dynamic entities that we can approach and engage with, while simultaneously remaining open to their ambiguity and contradiction, and engaging in constant self-evaluation and self-critique about issues such as our own role in the story, our expectations of the story, our responsibilities to the story, and our identifications with the story—how the story attracts or repels us because it reminds us of any number of personal stories” (2008, p. 981).

common, they invited their professor to collaborate with them on a research project. Out of that collaboration, Lisa Tillmann (then writing as Tillmann-Healy), along with Kiesinger and Ellis (1997) articulated an approach called “interactive interviewing,” which “involves the sharing of personal and social *experiences of both* respondents and researchers, who tell (and sometimes write) their stories in the context of a developing relationship” (p. 121). The distinction between “researcher” and “subject” is not as clear here as in other more traditional interviewing methods, and, they explain, the researcher role may at times take on a caregiving or therapeutic function (p. 122). Again, this is a dynamic relational process, where one’s responsibilities—as friend, or caregiver, or researcher may shift in time. Like Tillmann’s “friendship as method” and Ellis’s “compassionate research” (which I discuss in the next two sections), however, this approach is also quite different from the hierarchical nature inherent in a ministerial or clinical relationship. Sharing and vulnerability on the part of the researcher are central to the method. They elaborate:

Interactive interviewing reflects the way relationships develop in real life: as conversations where one person’s disclosures and self-probing invite another’s disclosures and self-probing; where an increasingly intimate and trusting context makes it possible to reveal more of ourselves and to probe deeper into another’s feelings and thoughts; where listening to and asking questions about another’s plight lead to greater understanding of one’s own; and where the examination and comparison of experiences offer new insight into both lives. (p. 122)

Because this kind of research might occur most often between colleagues or peers who are acting as co-researchers, the professional responsibilities would be different than they would be if one was engaging in research in a clinical context or where the relationship was more asymmetrical to begin with. And still, although it may not be appropriate in every context, practical and pastoral theological research conducted and written with the intent of bringing to light more

difficult subjects, the kind which requires emotional evocation in the reader and seeks to develop empathy and/or resonance, could gain much from employing this kind of reciprocity.

Friendship as method

Challenging our norms around self-disclosure and professional responsibility even further, Lisa Tillmann later offers a model of research *as care* called “friendship as method,” which she argues builds on the traditions of interpretivism (hermeneutics and *verstehen*²¹), phenomenology, critiques of positivism, feminist research, participatory action research, standpoint theory (intersectionality), queer methodologies, interactive interviewing, and Fine’s “working the hyphen”²²—where, “through authentic engagement, the lines between researcher and researched blur, permitting each to explore the complex humanity of both self and other” (Tillmann-Healy 2003, p. 733). Tillmann writes, “we research with an ethic of friendship, a stance of hope, caring, justice, even love...It is an investment in participants’ lives that puts fieldwork relationships on par with the project” (p. 735). She describes it as an approach in which “instead of ‘speaking for’ or even ‘giving voice’ ... researchers get to know others in meaningful and sustained ways” (p. 733). Friendship as method demands “radical reciprocity,” requiring the researcher to be “exposed and vulnerable” and to approach respondents “from a stance of friendship, meaning we treat them with respect, honor their stories, and try to use their stories for humane and just purposes” (p. 745). Again, this approach can be a powerful entry into researching stigmatized

²¹ In German, literally “understanding.” A term used in interpretive sociology, *verstehen* refers to an empathic and cross-cultural approach which involves attempting to deeply understand the experience of another human being.

²² What Michelle Fine describes as “unpacking notions of scientific neutrality, universal truths, and researcher dispassion,” in an effort to interrupt the “complicity of researchers in the construction and distancing of Others” (1994, p. 71).

experience. When it would be appropriate to fully engage in friendship as method as professional caregivers engaging in research is a different question, and I will come back to this subject at the conclusion of the dissertation.

Compassionate research

Carolyn Ellis has used two terms recently to describe her work as a “compassionate researcher” (2017) and “collaborative witness” (Ellis & Rawicki, 2013). Both are important metaphors for researchers who privilege relationship and are tending to the spiritual wellbeing and growth of all involved. Compassionate research models the relationship between caregiver and care receiver in both the research relationship and the relationship between author and reader. Taking this bearing witness and ethics of care into our field research, our story listening, and our storytelling can be a way to eliminate (or lessen) suffering and to effect healing, as spiritual caregivers are wont to do.

Ellis (2017) describes the approach succinctly, saying:

In compassionate interviewing, researchers and participants listen deeply to, speak responsibly with, feel passionately for, share vulnerably with, and connect relationally and ethically to each other with care. In compassionate storytelling, researchers—sometimes with participants—write and tell stories empathetically and respectfully, accompanied by a desire to relieve or prevent suffering. (p. 437)

As she explains her approach in more detail, Ellis describes what the relationship is like with her collaborator, and specifically how she listens, saying,

I try to make my questions relevant to our conversation, though it’s best if I am not focused on what I will ask next and instead trust the conversational flow. Then I can focus on what he is saying. I also try to put myself in his place and feel what he is feeling, though I know I can’t. I try to read him, which means I seek to figure out what he needs in any situation we are in. (p. 433)

Focusing specifically on the five-year relationship she's had with Jerry Rawicki, a Holocaust survivor who has become far more than a research participant to Ellis and more like—in her own words—family, Ellis further explains that in cases of significant suffering and loss, “It becomes important in deep listening for storytellers of trauma to feel you empathize but also to feel confident that you can handle what they are telling you. They don't want to feel they have brought you down” (p. 433). This, of course, recalls the work of Jordan and the concept of *Einfühlung*.

Ellis goes further than just sharing experience or being “more real and revealing,” as Jordan suggests, however, and describes embodying the role of friend, as opposed to researcher, if she senses that is what is needed on a particular occasion—if that is the most compassionate response. Early in the working relationship with Rawicki, Ellis shares her book *Final Negotiations* (1995/2018), which details the relationship with her long-time partner Gene and their experience of his dying process. Touched that Jerry (Rawicki) would take the time to read her work, Ellis is even more moved to hear him respond as follows: “The images of your husband Gene being unable to breathe and you running for his oxygen hose have stayed with me...Reading your book makes me feel more comfortable telling you my stories because I know you have had experience with loss and grief. You too are a survivor.” (2013, pp. 367-368). This is a research relationship which is a walking together and a meeting one another in shared suffering, an “empowered cojourneying” as practical theologian Phillis Sheppard (2011) might refer to the spiritual caregiving relationship. And it is a similar commitment to the values of friendship, compassion, mutuality, sharing, and vulnerability which informs my work.

My approach

As a feminist practical theologian and spiritual caregiver with multiple spiritual/religious/ethical influences, I embrace the same postmodern, interpretivist, and social constructionist values which have shaped narrative therapy, autoethnography and, within pastoral theology, intercultural care. As a researcher and clinician, and quite frankly as a human being, I hold connection and relationship paramount. Though I have been drawn to individual contemplation and it has played a significant role in my spiritual life, the awareness and mindfulness cultivated through intense meditation practice has ultimately been in the service of making me a better daughter, friend, mother, chaplain, researcher, and person more generally, and it has solidified my interest in reflective practice as a foundation for my work. Relationship guides me in my life and work, and my commitments as an academic are to relational research, relational ethics and, as this dissertation demonstrates, approaching research and writing as an act of spiritual care.

The way that I approach my work is that I am both caregiver and care receiver in the process of interviewing, further listening to and reflecting on our conversations, and developing a relationship, as well as in writing and telling my—and to some degree, with my collaborators, our—story. All of this involves a kind of *process ethics* (Swim, St. George & Wulff, 2001) or *process consent* (Ellis, 2007), where we are continually checking in with ourselves as spiritual caregiver or researcher, and, as necessary, also checking in with the person we are in relationship with, whether care receiver or research collaborator. As Clandinin and Connelly (2000) write about narrative inquiry, “the negotiation of a research relationship is ongoing throughout the inquiry” (p. 72). During field research, in the writing process, and before finalizing drafts, I

check in with my collaborators and family members featured in the telling of my own story, engaging in process consent throughout the research process and employing a relational ethics (Ellis, 2007; 2017; Ellis & Rawicki, 2013; Etherington, 2007); this includes practicing “ethical mindfulness,” what Guillemin, McDougall, and Gillam (2009) refer to as “being sensitized to, and engaged with, the ethically important moments that arise in everyday practice,” (p. 197) and not publishing anything I would not show the persons mentioned in the text (Tullis, 2015; Tolich, 2010). Taking this a step further, I give participants an opportunity to review how they are portrayed before it is ever presented publicly.

This process is an act of deep ethical and spiritual reflection and is itself an experience of vulnerability, requiring that persons involved go to some of the most tender places. As in our ministry, whether the context is illness/hospitalization, counseling, or in the congregation, there is a significant amount of intimacy to which spiritual care professionals enter regularly in the psychic lives of their patients and parishioners. Many of the subjects that we investigate in relational research bring about the same kind of vulnerability, as does the process of analyzing interpersonal dynamics within the research relationship which a process ethics sometimes requires. As Clandinin and Connelly (2000) write:

As narrative inquirers we work within the space not only with our participants but also with ourselves. Working in this space means that we become visible with our own lived and told stories. Sometimes, this means that our own unnamed, perhaps secret, stories come to light as much as do those of our participants. This confirming of ourselves in our narrative past makes us vulnerable as inquirers because it makes secret stories public. In narrative inquiry, it is impossible (or if not impossible, then deliberately self-deceptive) as researcher to stay silent or to present a kind of perfect, idealized, inquiring, moralizing self. (p. 62)

Particularly relevant to religious professionals is this idea that “to present a kind of perfect, idealized, inquiring, moralizing self” is dishonest. How much of a higher standard we hold ourselves to if we are in a position of ministerial leadership, where we might expect our parishioners or patients to assume moral purity from us. It may be that much harder for practical and pastoral theologians to reveal themselves because of this fact, not least of all when addressing a stigmatized or morally questionable subject (in addition to abortion, infidelity comes to mind).

Presumably, we are better caregivers and clinicians the more experience we have entering into this space of reflection and vulnerability ourselves, and research provides an opportunity for us to do that, and to explore roles, responsibilities, and boundaries in a more appropriate context than a clinical relationship would provide. As autoethnographers, narrative inquirers, and compassionate researchers, we put into practice this mutual empathy in our research relationships. It is with these commitments that I choose to study a subject that has been so formative for me as a woman, as an academic, and as a caregiver, before asking anyone else to share with me about their abortion or trying to speak about their experience for them.

In addition to my parents and a friend and colleague who had already committed to working with me on this project, I recruited co-researchers informally through my personal network, primarily through posting on Facebook. I was looking for women who were similar in age to me, women whose reproductive lives were nearing their end and who had no children or who had delayed childbearing significantly, so as to provide some similarity in our experience of having had adolescent abortions and in being “childless.” I received a number of inquiries by email, and it was only in my reply to their initial emails that I gave more detail about the project.

Ultimately, I met with four women for an initial feeling out of the potential to collaborate—in places that were convenient for them: their homes and, in one case, a coffee shop—and of those, three were eager to participate and one decided it was not the right time. In this initial meeting, I provided an informed consent form (see Appendix 1) and explained to them the voluntary nature of their participation, emphasizing their ability to withdraw from the project at any time up until I submitted my final draft. I explained that there were minimal risks involved in their participation that had mostly to do with uncomfortable emotions, and potentially self-exposure if they did not opt to anonymize their stories, and I indicated that I would assist them with locating psychotherapeutic resources if anything came up that was particularly difficult. With their agreement to participate, at that point we scheduled a time to record their story either at my home or theirs, so as to avoid interruptions and ambient noise and to cultivate as much emotional safety and intimacy as possible for the story sharing. Although my parents also signed the forms, our discussion around the potential effects of working on this project took place over a longer period of time in advance of having the formal conversations, and we all walked into it with open eyes since there was a much greater relational impact associated with our work together given the family history and their part in my own abortion story.

With the three women I recruited who all lived nearby, in total we met in person three times for the project. The first meeting was an hour or so, and the second two meetings I allowed for about two hours. One woman was interested in a fourth more informal meeting, and we met at a coffee shop for that. My friend Melissa, who like me had an abortion at 17, was out of the country at the time I was doing my field research so we met by video chat, on Zoom. With my parents, I listened to their stories in person and had about an hour and a half for that and initial

conversation. We had follow up conversations (primarily with my mother) about a year later when they read my draft, by phone and video chat.

My collaborators, as I'm calling the women who are in conversation with me, and I range in age from 36 to 46. We had our first abortions (two had multiples) between the ages of 16 and 18, in 1989, 1994 (2), 1997, and 1998. We had our first child, if any, between the ages of 35 and 39. In talking with both the women who had their own experiences of abortion and with my parents about my own story, I begin with a simple invitation to share their story of the unintended pregnancy and abortion: "Tell me what happened..." After they finish telling their story, I ask open-ended questions that elicit temporal and contextual storytelling, not dissimilar from what occurs in spiritual care conversations, such as "What else was going on in your life at the time?" Later we will meet again to have more conversation and I will ask things like, "What happened/changed when you shared your story?" or, "How do you make sense of the abortion experience now?"

I use an inductive approach, meaning that my research is continually being shaped by the dialogue, stories, and process that emerge as opposed to being theory-driven. It also means starting from subjective experience, and then, through observation, seeking understanding through identifying broader cultural patterns by way of those subjective truths. Like the action-reflection-action model of CPE, experience and praxis inform theory and vice versa. I enter into these conversations assuming that autoethnography has something to add and curious if the method may be able to approximate spiritual care itself. As I engage in my work experientially, by listening to stories, by crafting my own story, and by the act of writing a new shared story

altogether, my understanding of the potential for autoethnography and narrative inquiry in practical theological research must continually be adjusted.

I engage primarily in narrative analysis so that my focus is on producing a story, a meta-narrative. This means that while I may use elements of grounded theory, identifying themes and shared emotions in the interview and other sources, I understand these themes within a narrative context. As Eileen Campbell-Reed writes about case studies, “for practical theologians, the narratives themselves, along with appropriate interpretation, become the end of the research, and if well told, a form of practical wisdom. Summarizing or reducing the findings to propositions is not just challenging, but unnecessary” (2016, p. 54). Psychologist Donald E. Polkinghorne (who, incidentally, completed degrees in pastoral counseling and psychology and religion before his doctorate) similarly writes that “the purpose of narrative analysis is not simply to produce a reproduction of observations; rather, it is to provide a dynamic framework in which the range of disconnected data elements are made to cohere in an interesting and explanatory way” (1995, p. 20); it has therefore, an ultimate objective of meaning-making. Consistent with the norms of autoethnography, and their insistence on reflexivity, Polkinghorne also writes that “a life history produced by a narrative analysis can be expected to include a recognition of the role the researcher had in constructing the presented life story and the effect the researcher’s views might have had in shaping the finding” (1995, p. 19).

In this dissertation—while weaving together multiple voices—the overarching story is mine, with me figuring as narrator, as both researcher and “subject,” and it contains elements of my participant/collaborators’ stories as well. While my abortion story figures in the complete narrative, the underlying story is really one of spiritual, personal, and academic formation. While

it is somewhat more common to see narrative vignettes in academic writing, or even a chapter or a case study sandwiched between more paradigmatic analysis (Polkinghorne, 1995; Bruner, 1986), it is less common to see a dissertation that attempts to take on a totally storied configuration, privileging emplotment. While I don't think I fully succeeded in this goal, which I had at the outset of the project—it is hard to integrate disparate writing voices, one which is more comfortable for me due to lots of practice, another which is more compelling but I feel less confident in—the overall feeling should be one in which I have made transparent my experience as researcher, writer, story listener, and storyteller simultaneously.

I have learned how to be in the world, as a relational being, as a spiritual practitioner, as an academic, and as a clinician, largely through experience. This dissertation follows suit. It is a learning by doing and, hopefully, a telling by showing. Of course, mentors and those who have come before and written practical theological theory or autoethnography which influence my own thought and voice are a part of this story as well. But the adage I have heard on one or more occasions of “throw them to the wolves,” to describe the experience of CPE interns or student chaplains' immersion-learning, applies well to how I approach the work of a doctoral thesis. It's a bit different from feeling the expert who is demonstrating their unflappable knowledge (which is good if I'm hoping to realize the values of narrative and postmodern research approaches that come with a not-knowing stance!). But, I suppose I have to concede a bit of that too.

I have been trained to write in certain ways, and this is a different exercise, in two, largely conflicting manners. I am writing a book, the scope of which is unprecedented for me as an author. I am also writing a personal narrative, something I have not learned as an academic, though, of course, I have experienced as a reader. What follows is an interweaving of a reflective

and narrative style of writing which will presumably appeal to a wider audience, and another which will be most familiar to my academic colleagues, especially in practical theology. At times, italics will clearly distinguish the more personal writing style and, at other moments, three asterisks across the page signify to the reader a change in voice. Ideally, the whole dissertation takes on a narrative shape. My hope is that each audience will gain something new from this writing and storytelling process.

Scope and limitations

This dissertation aims to provide an example of autoethnographic writing in the fields of practical and pastoral theology. It does not attempt to answer the question, “Is autoethnography *always* an appropriate method for practical theological investigation?” but, rather, explores one possible way of enacting spiritual care in the process of research and writing. I have a particular interest in how autoethnography could be applied in a clinical setting, but this dissertation does not look at that question. While I think that autoethnography is suitable for a number of dissertation topics and that it could easily be used on a smaller scale in the classroom, I do not explore the broader research or pedagogical opportunities for autoethnography.

There are so many aspects of abortion in the United States which impact people differently dependent on their cultural background, race, socioeconomic status, marital status, sexuality, geographical location, and whether or not the abortion was therapeutic or elective. I do not explore these topics in any substantive way, though they are extremely important to understanding the problem of abortion both at an individual and systemic level, and in terms of how best to provide care to those experiencing unplanned pregnancy and abortion.

Similarly, while I believe that this story can inform the way that spiritual caregivers might engage in care with women and families experiencing abortion, I do not provide recommended practices. My focus is on assessing the potential for autoethnography as a research method in the formation and ongoing self-supervision process for spiritual caregivers, not on recommending specific practices of care in a clinical or congregational context. I see evocative autoethnography as a relational research method that has values that are consistent with intercultural and communal contextual models of caregiving, and that can deepen our reflective practice as well as model care in the research and writing process.

As such, I tell a particular abortion story, a layered account that emerges over years of reflection: from the deep stirrings of grief that came when nearing 40, still not a mother; through speaking my story for the first time and recording it for others to listen to;²³ in having a funeral ritual for my unborn child 20 years later (see Appendix 2); much later, in reading journals and looking at sketch books from the period of my abortion; and, most substantively, in understanding my story anew through speaking with others, including my parents, about their experiences of abortion. I share the stories of some companions I had in the research process as a way of getting more intimate with my own story, and as a way of being held by and offering a witness and community for individuals whose lives have been impacted by having an abortion at a young age. Through emotional introspection and critical dialogue with others, I better understand the structural aspects of how adolescent abortion experience can affect a particular life trajectory. I do not say that I am speaking for other women, or even the women whose stories

²³ Madera, M. (Producer). (2015, April 15). There was a lot of shame around it (Ep. 94). In M. Madera (Producer) The abortion diary podcast [Audio podcast]. Retrieved from <http://theabortiondiarypodcast.com>

were shared with me. I tell the story of my own formation process and how investigating the abortion played an important role in that. I assume that readers will find resonance with some of the things I discuss related to the abortion, or with my own academic and spiritual development by way of investigating a stigmatized experience. But, consistent with postmodern, narrative, and social constructionist norms, I do not in any way expect my experience to be representative for anyone else. I share it even so because I believe that subjective truths, emotional truths as told through people's individual and collective stories, matter greatly.

Chapters of the dissertation

Because the dissertation takes a narrative shape, and because I understand autoethnography as emergent and writing as part of the inquiry process—research and writing informing one another like the hermeneutic circle or pastoral cycle—the dissertation does not follow an entirely linear path. I have organized it in two main sections. Part 1 (chapters 1-3) reviews relevant literature and represents the foundation for my work. In Part 2 (chapters 4-7) of the dissertation, the chapters are more narrative and constitute the meat of the inquiry.

In the introductory chapter, I orient my readers and provide an overview of the methodological influences and commitments I have. I propose a *practical theological method* and lay the groundwork for the dissertation. I articulate why the research question is one worth investigating and how narrative approaches are essential to spiritual care as it has been conceived historically and contemporaneously—particularly in terms of clinical pastoral education (CPE). Although the fact that theory informs practice has been well established in the academy and in

theological education, the reverse has not always been considered as true. I consider how autoethnography can be used as a method for spiritual care pedagogy, research, and practice.

In chapter 2, I consider *postmodernism's influence on practical and pastoral theology* and discuss the concepts of the living human web (McLemore, 1996, 2008), communal contextual care (Patton, 1993), and intercultural care (Lartey, 2003, 2006; Doebling, 2012, 2013, 2014, 2015). I consider the importance of reflective practice in our implementing these metaphors in our practice, pedagogy, and research, and I briefly refer to existing narrative approaches that complement these efforts.

In chapter 3, I offer some *perspectives on the issue of abortion*. Providing context for the existential experience under consideration in the dissertation, I consider the role of feminist theory, healthcare ethics, and most importantly, cultural narratives, in shaping our popular understanding of abortion, as well as more individually as caregivers, religious leaders, or women seeking abortion. I also comment on why this subject has not been addressed much in practical or pastoral theology. Finally, I discuss the ways in which storytelling can provide a nuanced, evocative, and compassionate commentary on abortion.

In chapter 4, I provide *the background* for my coming to this dissertation topic and to autoethnography as a method. In chapter 5, *the stories* of my four collaborators and my own are presented without additional analysis or commentary, so that they might speak for themselves. In chapter 6, I explore *the dialogic process* by which those stories were elicited and came to be and additional insights coming from those interactions. And, in chapter 7, I present *the conversations that I had with my parents* which were a significant part of the research and writing process and the insights gained in so doing.

In the concluding chapter, I consider what has been learned in the process of my own research and writing about abortion, about methodology, about research ethics, and about what practical and pastoral theologians need to bring to their personal narrative work if it is to become a more widely-accepted method. I consider the kinds of approaches we can take as spiritual caregivers engaging in relational and autoethnographic research and envision this in terms of *new pastoral care images*. I contend that the research method itself can be a form of self-supervision and formation for spiritual caregivers, and that it can be an act of spiritual care in and of itself.

Chapter 2

Postmodernism, reflective practice, and practical theology

The problem with modernity—with its belief in the great narratives, with its rules of knowledge, power and interests, with its roles of the public and private, men and women, with its definition of knowledge—is that it allowed for only one idiom, the patriarchal codification of knowledge, for the adjudication of all claims, and thus ruled out of court the claims and voices of all others. (Rebecca Chopp, 1995a, p. 282)

My purpose in this chapter is to demonstrate that there is significant groundwork in practical and pastoral theology suggesting that narrative approaches such as autoethnography are an important methodological resource for our field. After providing an overview of the foundational literature within postmodern practical theological thought, I consider different perspectives on reflective practice since reflexivity is an essential skill for spiritual care and social transformation; and because narrative methods provide an opportunity to engage in reflective practice more fully in our work. It is my belief that we have not sufficiently developed our resources for enhancing and promoting reflexivity in pastoral theology and this dissertation sets out to assess and ideally provide an example of autoethnographic research and writing as practical theological reflective practice. My interest in this interdisciplinary dialogue stems from how critical these methods have been in my own professional formation and the potential I see for autoethnography and narrative inquiry to model practices for self-supervision in the ongoing formation process of clinicians and religious professionals.

Postmodernism and practical theology

Undoubtedly, one of the most significant influences autoethnography, narrative approaches, social construction, and contemporary practical and pastoral theology share is postmodernism.

One of the pillars of practical theology's past quarter century is Elaine Graham's (1996) *Transforming Practice: Pastoral Theology in an Age of Uncertainty*. In it she describes postmodernism's *ontology* as emphasizing "the diversity and contingency of human nature" (p. 27) and its *epistemology* as post-positivist, meaning "knowledge is socially constructed...[and] no one story is any more authoritative, foundational, or truthful than another" (p. 29). She also describes postmodernity as contending that "the self is finite, contingent, and embodied," (p. 28) and that personhood is a "discursive result of our inhabiting a culture" (p. 30). Postmodern *teleology* is skeptical of grand narratives and believes "no one can make claims that apply to more than the local, specific, and provisional" (p. 31), Graham writes.

Graham sees various movements among her contemporaries in practical and pastoral theology as tied to postmodernism. Specifically, she points to feminism and the critique of traditional models of care as well as pluralism and the "necessity of working across boundaries of secular and religious" (p. 45).²⁴ Here, Graham references practical theologian David Lyall (1995) and writes "that matters of faith are no longer regarded as privatized and personal, necessitating their 'bracketing out' of the non-directive therapeutic encounter, but may actually form a crucial resource for *locating our story in relation to broader human stories*" (p. 46, my emphasis). From a theological perspective, the acknowledgment that there is no universal truth claim in regard to religious beliefs plays a significant role in influencing practical and pastoral theology, particularly in the work of spiritual care, in its concern with structural inequalities and power differences and a commitment to minimizing them. Graham writes that a postmodern

²⁴ Graham also cites Pamela Couture and Rodney Hunter's anthology (1995), demonstrating the growing concern for social and political dimensions of care, and Stephen Pattison's critique of practical theology (1993).

pastoral theology has sought “greater equality in the pastoral encounter, arguing that the dynamics of power and difference need to be addressed honestly and openly” (p. 49). She speaks of an image of pastoral care more like Phillis Sheppard’s empowered cojourner, leaving behind that of the pastor/shepherd, saying, “The emphasis is on the mutuality of care...a model of pastoral care as shared companionship on life’s journey” (p. 49).

Pamela Couture (2003) refers to postmodernity as a cultural state and postmodernism as a school of thought, one that in the United States has influenced feminism, liberation theology, and practical theological method, particularly hermeneutics. Like Graham, she argues that it has been a result of concern with difference and abuse of power. Couture writes that postmodernism has brought practices such as “careful listening to individual stories and the ideas that guide them, such as cultural fragmentation, micronarratives, and the analysis of power” (p. 93). Emmanuel Larney (2002), who considers postmodernism a late 20th-century shift in consciousness that “is marked primarily by an awareness of the relativity and particularity of every perspective and position” (p. 2), argues for a resulting need for deep listening, empathy and interculturality, empowering and anti-oppressive care, collaboration, holistic and therapeutic care, and creativity (pp. 7-8). The kinds of critical pastoral activities that Couture and Larney refer to here are closely aligned with narrative and autoethnographic approaches, and I explore how they can be cultivated in the research and writing process by using these methods throughout the dissertation.

Christie Cozad Neuger (1998) writes hopefully that “giving voice and value to all perspectives, especially those who have been marginalized by the ‘grand narrative’ of modernity...is an ethical stance—a proactive stance of empowerment and openness” (p. 10). And she cautions, citing the ways in which feminism has misstepped, “It is always at risk of

reproducing the errors of modern liberalism—of universalizing and generalizing principles that emerge from a marginalized perspective to apply to groups whose perspective and standpoint are different” (p. 10). Despite its sometimes myopic view, or tendency to normalize the experience of white women, perhaps the biggest ally to postmodern thought has been feminist theory. With both (ideally) rejecting essentialism and universalist claims of objective truth, postmodernism and feminism necessarily embrace narrative and reflexivity.

Heather Walton says it is the reflexive turn which has allowed for more attention to be given to the everyday in practical and pastoral theology, and she writes that feminists in particular “celebrate embodiment, emotion, and affectivity as instruments for apprehending the world and gaining wise understanding,” in stark contrast to “the ethos of empiricism” (2014, p. 175). Seemingly aligned with Sheila McNamee (2014), who talks about relational vs. traditional research (as opposed to a quantitative/qualitative divide), Walton suggests that the more reflexive traditions to which autoethnography and narrative belong are creating opportunities for new forms of research in which empirical and feminist methods are no longer “placed in binary opposition” (p. 176).

Similarly, communications studies scholars Art Bochner and Carolyn Ellis in describing evocative autoethnography write of an interpretive paradigm of research which encourages reflexive, relational, dialogic, and collaborative methods (2016, p. 55). All of this is owed more generally in the social sciences, they write, to a narrative turn, which is:

[P]ointed inquiry toward *acts of meaning* (Bruner, 1990), focusing on the *functions* of stories and storytelling in creating and managing identity; the *forms* of storytelling that individuals use to make sense of lived experience and communicate it to others; the *relational* entanglements that permeate how life is lived and told to others; and *reflexive* dimensions of the relationship between storytellers and story listeners. (2016, p. 52)

This turn toward lived experience is also a turn away from the positivist norms which have shaped the hierarchical dichotomy that favors theory (e.g., systematics and history), in theological education (Miller-McLemore, 2016), “the ethos of empiricism” to which Walton refers. As social theorists Linda Nicholson and Nancy Fraser (2013) argue, however, postmodernist-informed feminist thought does not have to outright reject theory, rather it requires methods and theorizing that acknowledge the particularity and historical and location-specific context of their claims.

Although practical and pastoral theology have had significant feminist contributions in the past 25 plus years,²⁵ the perspective remains marginalized in our already marginalized field.²⁶ Bonnie Miller-McLemore (1999) writes:

Feminist theory in pastoral theology has seldom received clear articulation because of the precariousness of the practical disciplines and the difficulties of honoring in theoretical discussions the idiosyncrasies of ordinary lived experience—quotidian life with which women are often most familiar. Feminist analysis suggests that it is no accident that the closer one gets to practice, particular experiences, personal faith, emotions, and subjectivity, the lower the academic status of the field. (p. 78)

Walton tells us that she has learned, particularly from women writers, that “sometimes the most powerful work is produced out of mundane contexts of constraint, obligation, and care; situations of responsibility and restraint” (2012, p. 216). One of the most compelling texts I read as an

²⁵ For example, Ali, 1999a; Bons-Storm, 1996; Chopp, 1995b; Cooper-White, 2004, 2007, 2011; Gill-Austern and Miller-McLemore, 1999; Graham, 1996; Meyer-Wilmes, et al., 1998; Miller-McLemore, 1994, 1996, 1999; Moessner, 1996, 2000; Neuger, 1996, 2001; Sheppard, 2011; Walton, 1990, 2007, 2014, 2016.

²⁶ Robert Dykstra (2005) writes, in *Images of Pastoral Care*, “Both the madness and the wisdom of pastoral theology and its resulting approaches to pastoral care and counseling derive from keen attention to life on the boundaries, making pastoral theology’s own questionable origins, as well as its frequent identity confusion, less its burden than its calling and destiny” (p. 4). I have more than once heard practical theologians referred to as the basement dwellers of the theological academy!

undergraduate religion major 20-plus years ago was *An Interrupted Life* (1996), the journals of Etty Hillesum, a young Dutch woman who died in the Holocaust. These same journals inspired Walton to use personal narrative and to celebrate loss, absence, desire, and, especially, the very fact of our embodied selves in her ministry, writing, and practical theology pedagogy. This too is a thread in the long journey that led me to a narrative dissertation, one that deals precisely with the embodied experience of having a uterus and being a sexual being. The fact that these more “feminine” subjects are also the ones—though most often framed within the context of a particularly significant or emotionally epiphanic (Bochner & Ellis, 2016, p. 50) event or life experience—that best lend themselves to autoethnographic exploration and personal narrative, may point to yet another reason that practical and pastoral theologians have not always engaged in the most reflective research practices they could.

Practical theology: A definition

We follow the path by seeking, by inquiring, by attending, by instinct, by reserve, and by daring. This is what I understand by a theology that is practical—it requires a ‘way of life’—living it, testing it, seeking it, treasuring it, daring it. (Terry Veling, 2005, p. 244)

Practical theology is notoriously hard to define. But there are some characteristics that come to the forefront, especially for those of us who approach our work from a more inclusive, interreligious, or humanistic perspective. Bonnie Miller-McLemore (2010) suggests that “practical theology is ultimately a normative project guided by the desire to make a difference in the world,” (p. 1741) and Elaine Graham (2013) says that practical theology, as “a response to a wound” (quoting Mary McClintock Fulkerson, 2007), compels us to ask “what must be done?” (p. 168). Then, in order to show what practical theology consists of, we would benefit

greatly from methodologies that help us to demonstrate how we come to understand what must be done and how we make a difference in the world. Although it is counter to much of what we learn in the academy, striving to show more than tell in our writing is a worthy goal if we want to correct for an imbalance in the theory and practice divide.

Kathleen Cahalan writes that practical theologians “are advancing our understanding of the human as interpreter, the human as practicer, and the human as symbol and narrative-maker. Human persons are being described not in some static, essentialist way by practical theologians, but as living, embodied, community-creating beings” (2005, p. 93). As practitioners interested in everyday life and of the messiness of what it means to be human, we may have to rely on methods that are far less systematic than intuitive, and we will come again and again to deep reflection that informs our actions. One enormous piece of how practical theologians study lived experience and come to know what must be done and how to make a difference in the world is through the fundamental and ongoing work of spiritual, academic, and professional formation. Activities which are essential to everything we do are those of observation, deep listening, reflective practice, interpretation/hermeneutics, and narration—all of which are also critical to the work of a relational researcher. The qualities of compassion and care which are embodied in the work of practical and pastoral theologians are key distinguishing characteristics of our work and, research methods which also make these qualities central are good companions for our inquiries.

Ruard Ganzevoort and Johan Roeland (2014) argue that a practical theologian is “by necessity a concerned or engaged scholar” (p. 99) and that far more than describing or analyzing a problem, practical theology, by employing “strategic and hermeneutic research perspectives,”

offers “normative evaluations and judgments” in its study of the praxis of lived religion and spirituality (p. 100). Woodward and Pattison (2000) include as essential characteristics of practical theology: making space for the affective, the symbolic, and the irrational; being committed to complexity; and, being unsystematic, flexible, provisional contextual, sociopolitically aware and committed, experiential, reflective and reflexive, interrogative, inductive, interdisciplinary, analytical and constructive, and finally, engaged in critical conversation around theory and practice (pp. 13-16). All of these qualities lend themselves to narrative methods. And autoethnography, as a persistent reflective practice, one that looks inward and expands outward, offers a particularly compelling method for the work of practical theology from a formation perspective.

Terry Veling (2005) contends that practical theology is more verb-like than noun-like (p. 4). A poetic way of naming the essential task of practical theology, he says, is “to read and interpret the signs of God in the midst of the signs of life” (p. 54). More specifically, Veling writes:

To call theology ‘practical’ is to suggest, among other things, that it too is a practice that requires a transformation from the technique of a method into the artfulness of a craft. It means learning the *habitus* or essential ‘habits’ or ‘practices’ of theology that come from a disciplined ‘practical wisdom.’ In other words, at some point we must move beyond the world of methodological application into the riskier and yet more creative world of artfulness. A good practitioner of any discipline—be it a good teacher, a good physician, a good parent (or a good theologian)—is someone who has nurtured and developed one's skills through an attuned and artful ‘practical wisdom.’ (2005, p. 26)

Veling urges us as practical theologians to stay close to *phronesis*, to not only embody the distinctiveness of our discipline in our methodological choices, but to always inhabit the place of wonder, curiosity, present-moment awareness, and creation that art and spirituality share. In the

same vein, Bennett, et al., (2018) add to *phronesis* as an essential aspect of practical theology, *poiesis*, which refers to the creative, artistic, and performative elements of our work.

Practical theology as transformation

Liberation theologies of various kinds suggest that theological activity must spring from, and feed into, practice in a concrete way. It must resist rather than collude with oppression in the interests of promoting human flourishing. Practical theology must, therefore, be a transformational activity in the arena of practice as well as in that of theory and understanding. (Stephen Pattison, 2000, p. 10)

Many practical theologians describe their field in transformative terms. According to Woodward and Pattison (2000), “practical theological activity is in itself transformative as a process for those who undertake it” (p. 10) and practical theology is “committed to helping people and situations change” (p. 13). As Pamela Cooper-White (2014) writes in her contribution to *The Blackwell Companion to Practical Theology*, “the aim of practical theology is not speculation, but liberative praxis” (p. 24). She explains further that:

[T]he effort to keep seeing when we wish we did not have to see (at both personal and societal levels), to know what we might prefer to split off from awareness (like some survivors of trauma themselves), and to be with others in their suffering rather than to collude in sealing over the most horrific sources of pain—all these point to practical theology not merely as a theoretical discipline, but as a calling to be in solidarity with those in our care, to face the horror, and to help birth new levels of consciousness at the level of individuals, family, and the larger society. (p. 30)

Far from a traditional (what Patton calls the *clinical* model) view of pastoral theology as serving the needs of individuals alone, a view of our work as in the service of “birth[ing] new levels of consciousness” demands that we look to larger issues of injustice and to ways that we can

transform them.²⁷ Eric Stoddart (2014) suggests that perhaps it is in the very nature of our marginalized status within the academy that many practical theologians hold social change as paramount. He writes, “it is easier to be (or at least to pose as) radical when you have relatively little to lose in terms of prestige or power” (p. 86).

Duncan Forrester (2000) explains how practice can be understood in the context of practical theology, also in a transformative sense. He defines *habitus* as “a disposition of the mind and heart from which action flows naturally, in an unselfconscious way” (p. 5). And he describes *praxis* as “a way of referring to practice where the emphasis is on the reflective or meaning content of behavior, the integral interaction between theory and practice. It usually refers to transformative practice. It involves making and changing things” (p. 7). He then provides a preliminary definition of practical theology, calling it “a study which is concerned with questions of truth in relation to action” (p. 22). The practical theologian is a “reflective practitioner” who is “involved in ongoing dialogue between theory and practice in which, if it is effective, understanding is deepened and practice improved” (pp. 27-28). Here Forrester says he is describing the hermeneutic circle.

The hermeneutic circle

Clinical psychologist Ruthellen Josselson (2018) writes:

²⁷ The idea of “birthing new levels of consciousness” reminds me of the spiritual teachings of Indian social activist Vimala Thakar (1921-2009) who saw religion as having value only if it contributes to an inner transformation which changes one’s whole way of living and being, and considered “total revolution of the psyche of humanity” to be something we should consider as the gift of our life. Looking forward, she hoped for a spirituality of the twenty-first century that includes “the emergence of a new human culture, where the uniqueness of each race and ethnic community, its way of living, would survive, without any particular culture becoming dogmatic or domineering. A new human culture, where the uniqueness of various styles of living will not be steamrolled into uniformity. The diversity of all cultures will enrich the all-inclusive human culture” (1993, p. 237).

One of the most powerful images in qualitative inquiry is that of the ‘hermeneutic circle.’ This principle of hermeneutics, or meaning making, details the idea that the whole must be understood in relation to the parts, which derive their meanings from our understanding of the whole—an interpretation that then furthers our grasp of the meanings of the parts, and so on. The interpretive process is thus circular. (p. 6)²⁸

The hermeneutic circle is the notion that we engage, study, and revise practice over and over. It is what informs the CPE philosophy of action, reflection, and action, which is embodied in the verbatim process. It is through this inductive and relational process that our work is most fully practical theology.

The reflective and liberative elements of practical theology the aforementioned scholars highlight aim to improve and transform praxis and to increase human flourishing.²⁹ Recalling the description of our work as a response to a wound seeking to understand what *must* be done, the four tasks of practical theology (Osmer, 2008) attempt to help us get at that by seeking answers to the following:

- What is going on? (the descriptive-empirical task)
- Why is this going on? (the interpretive task)
- What ought to be going on? (the normative task)
- How might we respond? (the pragmatic task)

As the definitions of practical theology in the previous section suggest and, as would necessarily be the case for those of us with social justice commitments, we can also consider there to be a

²⁸ Here, interestingly, Josselson defines hermeneutics as meaning making, what I have already established is the core function of spirituality, as well as an objective which is at the heart of relational research and evocative autoethnography.

²⁹ I appreciate Doehring’s explanation of her use of “the term liberative to refer broadly to theological reflexivity and praxis focused on social oppression and justice from any religious tradition.” She adds, citing Larry Graham (2014), that, “this systematic understanding of liberative integration and justice means that ‘at its core pastoral care is political’” (2015, p. xx).

transformative element to our work. But, rather than embed it solely within the pragmatic or the normative task, the act of and intent of transformation would be operating in all aspects of practical theological work. Similarly, for those of us with postmodernist sensibilities, referring back to Josselson's description of hermeneutics as essentially meaning making—what I have already established is the core function of spirituality as well as an objective which is at the heart of relational research and evocative autoethnography—we might similarly consider the tasks to be interpretive through and through, not just in answering the 'why?' of the situation.

Throughout the process of our inquiry we can be thinking about questions such as: What can we do to address the injustice of a particular problem? How can we shift attitudes and behaviors that are oppressive and contribute to suffering? How can we investigate our complicity in these harmful actions and assist others in doing the same? How does understanding multiple truths help me to enrich my understanding of the broader framework for the problem under consideration? Our interest in a particular experience or problem, whether ours or another's, will be framed by these larger structural and systemic concerns.

While Osmer's presentation of the four tasks of practical theology may give the impression that they are sequential, this dissertation demonstrates just how iterative the process of inquiry and reflection is, and how much more apt the pastoral/hermeneutic circle or spiral models are in showing how our work is actually accomplished. Many credit Hans-Georg Gadamer (1975) with the idea of the hermeneutic circle, and Osmer describes Gadamer's presentation of the concept as being an understanding and experience of interpretation as "a dialogue in which there is a back-and-forth interplay between horizon of the interpreter and the horizon of the text, person, or object being interpreted...Like a conversation, interpretation

yields new insights when the horizons of the interpreter and interpreted join together” (2008, p. 23). It is also important to acknowledge the hermeneutic circle’s origin in liberation theology. Stephen Pattison (1994), citing Luis G. del Valle, describes liberation theology as having as “its basic methodological characteristic, ‘an inductive science ascending from the ground up. It does not start from basic principles and draw conclusions from them’” (p. 46). As a form of practical theology, “it starts from action and leads to action” (p. 32). Juan Luis Segundo, in *The Liberation of Theology*, argues an authentic hermeneutic circle has the following conditions:

questions arising out of the present be rich enough, general enough, and basic enough to force us to change our customary conceptions of life, death, knowledge, society, politics, and the world in general. Only a change of this sort, or at the very least a pervasive suspicion about our ideas and value judgments concerning these things, will enable us to reach the theological level and force theology to come back down to reality and ask itself new and decisive questions. (1976, pp. 8-9)

From this perspective, in addition to it being a dialogic process, practical theology would naturally be both critical and transformative in nature. It is also deeply rooted in both the personal and the political.

The four tasks of practical theology, while describing various aspects of our work, do not necessarily offer a method for answering the questions what must be done and how can we make a difference in the world. Perhaps if we look to important practical theological metaphors influenced by postmodern thought, such as the living human web (Miller-Mclemore, 1996, 2008) and communal contextual (Patton, 1993) and intercultural (Lartey, 2003, 2006; Doebling, 2012, 2015) models of care we can find something more granular as far as what the transformative work of practical theologians consists of.

Relational models of care

Because suffering is the expression of pain that leads to meaning-making, it allows us to bear up under unbearable pain without negating or denying the reality that we are doing so. Through symbolization, reaching out, and retelling, pain becomes more bearable because, as new meanings are constructed in relationship, the burden is shared and God's compassionate presence is experienced. That can connect individual experience to the larger social context in which suffering occurs, and to action for justice and change. (Pamela Cooper-White, 2014, p. 26)

The living (human document within the) web

The concept of the living human document has been central to the field of pastoral theology.

Coined by one of the founders of CPE, Anton Boisen (1936/2005), the term has been revised and revisited, most notably by Bonnie Miller-McLemore in 1996 and again in 2008, and has remained extremely relevant. As Andrew Lester puts it, "the phrase 'human document' is Boisen's way of reminding us that any human being is a unique text that must be read (heard) and interpreted (the hermeneutical task)" (1995, p. 4). Boisen argued that living human documents were more important than the books more commonly used in theological education, and this was an important step toward making CPE a fundamental aspect of ministerial training. This emphasis on the dynamic and moment-by-moment meaning-making of individuals has allowed spiritual care and counseling to be in meaningful dialogue with other academic disciplines, and to attract theological students from various religious traditions as well as to give authority to everyday life narratives and practical experience, alongside scripture and theory.

Boisen's personal experience with psychiatric hospitalization led to a desire to understand the lived experience of religion, which he felt was at the root of mental illness. It is from these beginnings that the living human document emerged. Building on the medical case study model, which the physician Richard Cabot introduced to Boisen, the living human document was

realized through detailed write-ups immediately after a clinical encounter. Russell Dicks, one of the next generation of CPE leaders, later introduced the concept of the verbatim which is a central part of the curriculum used by chaplaincy students today. The verbatim focused specifically on the dialogue, or portions of, shared in a pastoral encounter. Seward Hiltner would later add more theological reflection to the verbatim exercise, and both he and Charles Gerkin would become instrumental in providing a firmly established hermeneutic and narrative element to contemporary pastoral theological theory and practice.

Gerkin, in his classic text *The Living Human Document* (1984), writes that pastoral counselors are first and foremost “listeners of stories,” and he argues that they must listen first as strangers. He also writes that pastoral counselors are bearers of stories, which could be seen as the beginning of pastoral theology’s sensitivity to how much one’s social location influences the pastoral encounter—and thus the need for reflexivity—and the way that an experience is received and interpreted by both caregiver and receiver. To listen as a stranger borrows from the phenomenological concept of bracketing or epoché, in that it asks us to put aside our assumptions in order to truly hear what another person is saying.³⁰ It also recalls the Zen Buddhist story of a master continuing to fill a student’s cup as it overflows, in order to demonstrate the need to engage one’s practice with a “beginner’s mind;” to engage another with, as practical and pastoral theologian Kathleen J. Greider (2015) says, “reverent curiosity,” and

³⁰ From a postmodern perspective, *epoché* is not really possible. The best we can do is become aware of our assumptions, lenses, and other subjectivities and how they inform the stories we are hearing, the experiences we are having now, the relationships we engage in. How they are only *a* truth among many, not *the* truth. But, in my mind, this only strengthens the argument for listening from a not-knowing stance, so as to experience as fully as possible the perspective of another.

with a deep appreciation for the not knowing inherent to both life itself and the beauty of difference in human experience.

Growing out of her experience as a doctoral student at Chicago Theological Seminary, where she did not have a single woman or person of color as part of her reading for her comprehensive exams, Bonnie Miller-McLemore (1996) conceived of “the living human web” as an alternative to the long-established living human document concept central to the CPE tradition. Miller-McLemore had experienced CPE herself, but quickly learned that the clinical context was not her preferred classroom, and she wrote as an academic pastoral theologian, wanting to expand this critical metaphor to include the more relational and communal experience of women and members of marginalized communities. Drawing from process theology, and in particular the writing of Catherine Keller (1986), this web represents the fundamental aspect of interconnectivity felt in a more relational approach to the sacred. In addition to process thought, the living human web has among its influences feminist theory, liberation theology, and an acknowledgment of the importance of social context and power dynamics to the understanding of human experience.

Defining feminism, as bell hooks (1984/2015) argued before her, as a “radical political movement,” Miller-McLemore says, a feminist perspective requires us to confront systems of domination and oppression, and this has shifted pastoral theology’s emphasis on care from one focused on the individual to one that is situated within a complex web of relationship, which must include an analysis and consideration of how power operates (1996, p. 16). As an example, Miller-McLemore considers David Augsburger’s term ‘interpathy,’ in place of empathy, which calls for caregivers to truly enter into the perspective of another. She says that while this concept

of interpathy “is absolutely necessary,” it is also “a trait more relevant for the dominant culture than for those in oppressed groups,” given that members of marginalized communities have always had to adopt and adjust themselves to hegemonic norms (p. 19). Miller-McLemore continues to discuss the very real challenges in the classroom (and presumably other contexts, such as the hospital)—knowing that norms are hardly ever universal—arguing that there may be boundaries to our ability to empathize and that it sometimes may not be possible for us to understand “the lived reality of the oppressions suffered by another” (p. 21).

The living human web metaphor was welcomed and adopted by many in the field, but a little over a decade later, Miller-McLemore (2008) offered a revised metaphor. She concedes in her follow-up article that the living human document is perhaps the better metaphor for the kind of narratives that are explored in the context of CPE, recognizing the centrality of the verbatim to this pedagogy, and the importance of honoring individual life stories. However, her feminist and liberationist commitments still intact, Miller-McLemore argues that as its liberal biases insist upon, CPE must place an emphasis on justice, plurality, and interdisciplinarity, all of which can be best achieved with an understanding of the web of relationships within which we are formed as persons and in which we operate. Thus, the revised metaphor becomes “the living human document within the web.” She says such a change in orientation would necessitate deeper interdisciplinary collaboration, particularly in regard to religious ethics, religious leadership, social ethics, and sociology (2008, p. 12). It also puts more emphasis on the liberationist functions of pastoral care, adding to the traditional list of healing, sustaining, guiding, reconciling, and nurturing: resisting, empowering, and liberating (borrowing from Carrol A. Watkins Ali, 1999b). For those of us who share such an ethical and liberationist commitment in

our caregiving, autoethnography, with its interest in using personal narrative as a way of making larger social commentary, appears to be a highly suitable research method for getting at the living human document within the web.

The communal contextual

John Patton (1993) suggests that there are three approaches to pastoral care which mirror pre-modern, modern, and postmodern epistemologies, and he calls them the *classical*, *clinical*, and *communal contextual* paradigms. The last of these emerged in the latter part of the 20th century, partly as a result of religious and cultural diversity in theological education and CPE. The communal contextual paradigm sees care existing within community, as opposed to exclusively between individuals (as in, especially, the clinical model), and also “calls attention to contextual factors affecting both the message of care and those bringing it and receiving it” (p. 5)—what might be called interpretative lenses. According to Patton, context includes most critically, race, gender, morality, power, and the problem at hand (p. 40). Recognizing these “specific contexts for care, involves hearing and remembering that 1) tries to discern what is specific and perhaps unique to a particular person or situation, and 2) remains open to the discovery of what appears to be common to many persons and situations” (p. 41).³¹

Like Miller-McLemore, and her concern with the perspective assumed with forwarding a concept and value such as interpathy, Patton writes:

³¹ Here, Patton references David Augsberger (1986) and his discussion of Kluckhohn and Murray’s (1948) ideas around “the three fundamental dimensions of being human: 1) the universal, in which every person is in certain respects like all others, 2) the cultural, in which every human being is like some others, and 3) the individual, in which every human being is like no other” (p. 42).

[Elaine] Pinderhughes [1989] is helpful in reminding us that the uncritically held view that 'all people are alike—protects those [usually in a privileged position] holding it from awareness of their ignorance of others and the necessity of exerting the energy and effort needed to understand and bridge the differences.' She also emphasizes the importance of the clinician obtaining clarity about [their] own values. Such clarity 'helps guard against use of that well-known defense, expectation of sameness,' which makes people comfortable but reinforces a helper's need to see others as like themselves and thus to ignore differences that may mean ignoring the other's uniqueness and strengths. It is important to recognize how one's own values constitute a lens through which one sees others and to recognize the handicap that can be. (pp. 41-2)

Here, Patton also points to the critical importance of reflexivity in a communal contextual approach to caregiving, particularly if your perspective is one that has traditionally been more “normative”—in the United States, that would especially mean white, male, and heterosexual.

Intercultural approaches

Emmanuel Lartey (2006), who describes pastoral theology as “by its very nature reflective practice,” (p. 3) writes that theology, more generally speaking, in addition to being about beliefs and practices, “is about how we understand and live in the world as it is” (p. 6). His approach is one that is thoroughly grounded in a postmodern view, and also one that is postcolonial. Citing Chinua Achebe (1965), Edward Said (1978), Homi Bhabha (1994), and R.S. Sugirtharajah (2002), Lartey writes that postcolonial criticism “challenges the nature of the knowledge of the colonizer and turns attention to the nature of subjugated knowledge” (2003, p. 40). It is not surprising, then, that he adds to his description of pastoral theology, that it

explores all aspects of human experience and resolutely refuses to engage in theological discourse that fails to engage unpleasant or inconvenient aspects of human life. The experiences of victims, survivors and those who have overcome the appalling injustices, indignities and inhumanity inflicted by humans upon fellow humans are included and at points become the central focus of the work of pastoral theologians. (2006, p. 101)

Of course, one of the most important ways that spiritual caregivers come to understand the human experience is through the act of listening to stories.

Of the essential role of story-listening in pastoral care, Lartey (2003) writes:

In the story-listening role, the pastoral caregiver enables people to hear their own story aloud, to hear it for themselves and thus possibly obtain a more objective view of who they are in their multifaceted complexity. Listening is a core skill in any form of caring. Gerkin (1984) has argued that selfhood is closely linked up with having a story line. He writes, ‘to tell a story is to have a self and to lose the sense of story line of one’s life is to lose the sense of being a self’ (p. 211). As a story-stimulator a pastoral caregiver may, by encouraging and asking questions, help a person begin again to weave a thread through their life. (p. 72)

When Lartey describes deep pastoral listening³²—that is “when openness, sensitivity, and care are encountered,” allowing a storyteller to be who they are and encouraging them to move beyond the mundane and to share significant truths—he says it is “real and penetrating” and that “the experience can be awe-inspiring, for it has to do with core being-in-encounter” (p. 91). Recalling the concept of *verstehen* which informs Tillman’s friendship as method, Lartey refers to interpathic listening, which he says “would enable listeners to enter into the real-life, human experiences of people who struggle to recover their humanity in situations of oppression in all communities in the world” (p. 125). He uses the term intercultural “to attempt to capture the complex nature of the interaction between people who have been influenced by different cultures, social contexts and origins, and who themselves are often enigmatic composites of strands of ethnicity, race, geography, culture and socio-economic setting” (2003, p. 13). Lartey

³² Lartey references the acronym LISTEN to refer to the essential features of active listening as: Look and be interested, Inquire with open questions, Stay alive to the speaker, Test your understanding by checking (reflecting and seeking clarification about your understanding), Empathize, and Neutralize your feelings (that is, being silent in terms of one’s inner response) (2003, pp. 90-91).

contends that there is no real understanding of the lived experience without the incorporation of marginalized voices and a radical inclusivity (p. 15).

He considers the intercultural approach to pastoral care an emerging paradigm (as of 2006) which is “polylingual, polyphonic and polyperspectival” (p. 124) and extends the communal contextual by engaging issues of global justice, critiquing all “totalizing structures and systems” (p. 124) and inhabiting different cultures while also attempting to transcend their limits (pp. 124-125). He describes intercultural pastoral care as “the difficult, respectful, dangerous and enigmatic encounter between autonomous, different but integrated persons self-aware and vulnerable in their full humanity” (p. 137). Summoning again the beginner’s mind and reverent curiosity, inherent in this approach is “a respectful and humble acknowledgment of not knowing—indeed of the ultimate unknowability of our partners. The Other will forever remain a mystery, but a mystery to be embraced in relationship.” (pp. 137-138). Finally, in this approach, Lartey, like Graham describes a postmodern approach to care, writes that power differentials must be recognized and acknowledged in frank and open discussion (p. 138).

Carrie Doehring, in *The Practice of Pastoral Care: A Postmodern Approach* (2015) and in her description of intercultural care, expands upon Patton’s contextual model and discusses the need for *precritical*, *modern*, and *postmodern* lenses in caregiving. In the first, religious leaders focus on scripture, ritual, and other religious traditions and spiritual practices; the modern approach uses language more familiar in empirical and scientific methods; and a postmodern lens, “brings into focus the contextual and provisional nature of knowledge” (p. xxv). Doehring (2015) says she uses

the term intercultural to describe pastoral and spiritual care as a correlative process of intermingling stories and lives... The preposition ‘inter’ in the term intercultural conveys the intermingling effects of change that move back and forth across relational webs, when caregivers respect care seekers and care seekers in turn trust caregivers. (p. xix)

She continues, writing that the foundations of compassion, respect, and trust enable “intersubjective spaces for meaning-making and life-giving ways of connecting with each other, God, and the sacred dimensions of life” (p. xix).

In and of themselves, the living human document within the web, the communal contextual, and intercultural paradigms do not necessarily provide a method for practical theology—though Doehring does offer thickly descriptive examples of intercultural care (2012, 2013, 2015) and also encourages reflective practice in her teaching (personal communication, June 19, 2015). But, there are practices we already employ, especially the work of reflexivity as well as care informed by narrative therapy, which lead to research methods that are well aligned with the goals and values of practical and pastoral theology as articulated in these models of care.

Reflective practice

The paradox is that reflective practice is required by the master, by the system. Yet its very nature is essentially politically and socially disruptive: it lays open to question anything taken for granted.—Gillie Bolton (2006, p. 204)

Reflection has always been fundamental to practical theological work. It is one element of the hermeneutic circle, and theological reflection in particular is a significant component of what distinguishes the caring work that chaplains do in the hospital from that of other members of the interdisciplinary team. But reflection alone does not make a practical theologian or a critical

practitioner. Anglican priest Frances Ward (2005) writes, “The practitioner has to be reflexive as well as reflective. Being *reflexive* is focusing close attention upon one’s own actions, thoughts and feelings and their effects; being *reflective* is looking at the *whole scenario*: other people, the situation and place, and so on” (p. 131). Together, reflection and reflexivity constitute reflective practice, which Gillie Bolton (2018), author of the SAGE published multi-edition text *Reflective Practice*, defines simply as “the development of insight and practice through critical attention to practical values, theories, principles, assumptions, and the relationship between theory and practice which inform everyday actions” (p. xxiii) (which incidentally sounds a lot like practical theology as it has been defined in this chapter!).

Ward describes reflexivity more fully within the context of reflective writing of some kind. She says:

To study the self as and through a living human document is to focus upon one's own behavior, patterns of non-verbal forms of communication and attitudes so that personal and professional growth can occur in response to the challenge of the difference of others. The word 'reflexivity' is often understood as a turn to the dialogical self so that awareness may develop of one's cultural embeddedness in social and political dynamics, to focus on communication and action by externalizing the “self.” (pp. 130-131)

Reflection is at the heart of practical theological work, but without reflexivity, we cannot possibly provide transformative or intercultural care, or put into practice the communal contextual or living human document *within* the web.

In an *Invitation to Research in Practical Theology*, United Kingdom-based practical theologians Zoë Bennett, Elaine Graham, Stephen Pattison, and Heather Walton provide the following distinction: “Being reflective suggests looking thoughtfully at something—usually at some length, perhaps with the benefit of hindsight, and with a critical eye. Being ‘reflexive’

suggests additionally looking thoughtfully at one's own self—at what I am like, at how I see what is outside of myself, how I affect it, or how my seeing of it affects how I present it" (2018, p. 35). Bennett, et al., are interested in reflexivity in research and practical theology as a concept that refers to the ways in which a researcher hones awareness of their personal relationship to the subject at hand; and, while citing the influence of Art Bochner and Carolyn Ellis as well as Norm Denzin, they posit that for many this will also include "an ethical imperative to challenge both our self-understandings and perceptions of the world in order to become accountable to those whose lives touch ours" (2018, p. 42). With commitments to practical theology as transformation, and theological frames of reference ranging from liberal to radical among the four of them, Bennett, et al., contend practical theological research is through and through *reflexive research*.

Psychotherapist Kim Etherington writes that reflexivity is "...the inner story we tell ourselves as we listen to our clients' stories" (2004, p. 29) and, in this way, reflexivity could be said to be closely related to mindfulness (Pali: *sati*), or a present moment awareness of the internal landscape. To most fully be reflective practice, however, it relies on additional, deeper-level reflection in writing and dialogue with others. Etherington distinguishes reflexivity from "self-awareness," arguing that it acknowledges "a constantly changing sense of ourselves within the context of our changing world" (2004, p. 30). The Buddhist concepts of no-self (Pali: *anattā*) and impermanence (Pali: *anicca*), which are foundational to mindfulness, figure well into this understanding of reflexivity and underscore the close relationship of the two concepts.

Human and organization development theorists Valerie Malhotra Bentz and Jeremy Shapiro (1998) introduce the concept of *mindful inquiry*, which they consider to be a synthesis of

phenomenology, hermeneutics, critical theory, and Buddhism. It assumes that research “should contribute to the development of awareness and self-reflection in the inquirer” and possibly to one’s spirituality as well (p. 7). Central to this practice are an “awareness of self and reality and their interaction,” an investigation of one’s own subjectivities, an understanding of social context, an ethic of care, and an overall approach to *research as a way of life* (pp. 6-7, my emphasis), recalling the way some autoethnographers speak of their method and how I would like to think about my own approach. Bentz and Shapiro write, “in mindfulness, the researcher is in a state of care and acceptance” (p. 54). They contend that researchers of the lived experience “need to figure out [their] relation to the postmodern situation in order to develop a coherent, grounded approach toward research,” and suggest “that the only way to do so is through centering your research in yourself through...*mindful inquiry*” (1998, p. 4). Again, they argue for integrity in our research, a kind of awareness in the inquiry process that “is not a purely intellectual or cognitive process but part of a person’s total way of living her life” (p. 5).

Mindful inquiry is reflective practice that doubles down on the transformative aspect of attending to power dynamics and systems of oppression by having as a central tenet the aspiration to reduce suffering (Pali: *dukkha*). Similarly, through a process of centering the self while questioning one’s assumptions and welcoming multiple perspectives, mindful inquiry hopes to loosen the fixed sense of self and identity that is considered a major contributor to suffering in contemplative traditions and particularly in Buddhist practice. Bentz and Shapiro additionally refer to and provide images of mindful inquiry as a spiral, a shape also associated with the hermeneutic or pastoral cycle.

Carrie Doebling (2015) explains the particular burden of the critical work of reflexivity on those in caregiving professions:

As caregivers we are not only cocreators of portions of care seekers' stories; we also influence and shape aspects of their religious world, such as their core values, ultimate beliefs, and spiritual practices. Our formative role in care seekers' meaning-making and spiritual lives make us responsible for our 'stuff'—aspects of our stories/religious worlds that become engaged with their story-making as well as other horizons of meaning that frame our understanding. (pp. xviii-xix)

Like Ward, Doebling believes that reflexivity is fundamentally dialogical, and she goes on to say:

Unlike self reflection, which is often experienced as a solitary introspective process, self-reflexivity requires conversations that help us tease out the complex interrelationships between knowledge and power...Reflexivity engages us communally in using third-order language and postmodern approaches to knowledge to grapple with questions about why we understand ourselves, the world, and God the way we do and who might win or lose from such understanding. Self-reflexivity evolves through the formation process of theological education, clinical training, and reflective communities oriented to social justice, which help identify and reflect on how our self and theological knowledge reflects our social location, advantages, and disadvantages. (pp. 21-22)

Our subjective truths, what are often referred to as biases and assumptions, are shaped not only by formative relationships, but also by our relative position in hierarchical systems of power—racial, political, class, education, gender, and so on (Doebling, 2015, p. 22). And we cannot be in relationship without listening/seeing through these particular lenses. We bring “our stuff” into the room and it shows up in the questions we ask and, thus, how we shape the discourse, says narrative therapist and pastoral theologian, Christie Neuger (2015).

In being reflective and reflexive practitioners, we are tasked with bringing into consciousness that which has previously been unconscious. Bolton (2018) suggests the only way we can become aware of our assumptions and address them is by 1) taking authority and

responsibility for our actions, feelings, etc., “our stuff;” 2) speaking to power and contesting lack of diversity and power imbalances; and 3) asking questions and being comfortable with not-knowing and uncertainty (p. 13). Pushing us a little further as caregivers, Neuger (2015) says the ethical imperative, which is embodied in reflective practice

is to figure out how to invite the deconstruction of oppressive or problematic discourses and the re-authoring of preferred identity and agency, while being transparent about the power dynamics of the therapy [or research] relationship and not reproducing oppressive discourses, either therapeutic or cultural, in the process. (p. 22)

Susan Dunlap in an essay on discourse theory and pastoral theology, commenting on reflexivity, writes:

a recognition that each of us is constructed by social context invites us to play a role in shaping these contexts or choosing the ones with which to affiliate. As caregivers, we can influence these choices...When we...recognize the enmeshment of even the most private emotion in larger structures, even power structures, we locate care receivers in a political, cultural, and social matrix. (1999, p. 139)

One of the great insights³³ this dissertation project has revealed to me, which resonates with what Dunlap says here, is that, by providing this recognition—of how a wound is the result of far more than an individual action or experience, and that it depends on cultural expectations, norms, and other narratives for its existence—we can perhaps help work toward releasing the grip of the difficult emotion. It can also empower the care receiver by allowing a new narrative to unfold around an identity or significant experience.

³³ When I use the word “insight,” it is greatly informed by my experience as a meditative practitioner. Insight here is not something that comes from a theoretical understanding but rather from an experiential place, a place of being wholly present to reality as it is occurring; it is the kind of knowing that you feel in your bones and that lies outside the discursive plane entirely. So, in this case, it was in conversation with other women and my parents that I came upon this insight, and found the kind of healing (letting go of a feeling of personal failure) I’m talking about here.

Nearly 25 years after writing *Transforming Practice*, Elaine Graham sees postmodernism's significant influence, not least of all in an increasing emphasis on reflexivity within practical theology, writing that "It is now unusual for scholars to 'leave themselves off the page'" (2017, p. 175). Similar to evocative autoethnography, reflexivity is the tool that allows the work of reflection and introspection to expand outwards into a more structural understanding of the issue at hand. Reflective practice among spiritual caregivers has the power to ultimately deepen our understanding of the ways in which we have limited our empathic abilities, allowed for a significant gap between our professed and actual values, divorced theory from practice, and been complicit in oppressive systems of power.

The narrative turn in pastoral theology

As has been well established in this chapter already, a poststructuralist/postmodernist shift over the past several decades has led to a recognition that reality is to a large degree socially constructed and that there is no objective knowledge particularly when it comes to the study of lived experience. This has encouraged academics to offer subjective truths in the form of personal narratives. Because of the long tradition of the case study, used in clinical training in medicine, law, nursing, ethics, chaplaincy, social work, and so on, many disciplines already recognized the pedagogical power of storytelling. As interpretivist, feminist, and critical theories further influenced these disciplines, their research and practice had the opportunity to incorporate even more reflexive and narrative approaches. In pastoral theology, there is a thread connecting the living human web, the communal contextual, intercultural care, and reflexivity to this larger narrative turn.

Many pastoral theologians see the enormous value of narratives for the work that we do.³⁴ Andrew Lester contends “Narrative is the structure by which we construct our experiences of others as well as of ourselves. Revealing our stories, likewise, is the only effective way to communicate our sense of self to another person” (1995, p. 30). Mark Newitt suggests “that chaplains are well placed to engage in narrative research with the aim of evidencing the often hidden patient story” (2013, p. 5). John Swinton, in putting forth an argument for a narrative approach to healthcare chaplaincy, asserts that the chaplain’s “calling is to enable healthy transformation at a personal and a systemic level by revealing hidden spiritual dynamics which may not be measurable or repeatable, but which provide the very fabric of meaningful human existence” (2008, pp. 235-236). And Stephen Pattison, in a collection of essays on values in practice (2007), writes, “It seems to me that it is worth considering stories and narratives as sources for discovering the values that people actually live by rather than those that they theoretically espouse. Operant values worth studying are likely to be embedded in stories and practices rather than principles perhaps” (p. 38). Understanding a person’s values, and how they operate from them, enables us to provide better and more compassionate care.

Perhaps the most significant narrative contribution in pastoral theology comes from Christie Cozad Neuger, who in the preface to her foundational work, *Counseling Women: A Narrative Pastoral Approach* describes narrative counseling theory as “highly influenced by feminist and other liberation theories,” reflecting “an attentiveness to both culture and person,”

³⁴ Other pastoral theologians (for example, Wimberly, 2008; Bidwell, 2013) have incorporated narrative approaches, but they haven't necessarily provided the theoretical framework that I find useful for my dissertation. I am not reviewing the literature extensively, but I've specifically included Christie Cozad Neuger's work and recent writings from Mary Clark Moschella because of their emphasis on reflective practice.

and relying on “a consultative rather than an expert model” (2001, p. x). She says it cares “for the particular story in the midst of dominant cultural discourses” (2001, p. xi) and that it is respectful, empowering, and deeply relational. Neuger continues,

the relationship of focus...is not that between counselor and counselee as much as it is between the counselee and the variety of relationships that form the warp and woof of her life story. It is a theory based on hope and on the foundational reality that human beings are makers of meaning at their deepest core and that reality is constructed as we make meaning out of our experience. (2001, p. x)

When Neuger (2015) talks about the contribution of narrative therapy to our field, she says that because it “is about a philosophy of living and knowing, it may have an integrative capacity that stretches well beyond being a clinical vehicle for pastoral care and counseling” (p. 31). What is that integrative capacity? Maybe we could say it is a way of getting at the whole person, the individual who is shaped by and embedded in culture, relationships, and various meaning-making systems, not to mention inherited narratives from both family and the larger society.

Mary Clark Moschella refers to narrative pastoral care conversations as being collaborative—one often hears the term “co-research” (Epston, 1999) to describe narrative approaches.³⁵ She writes, “the caregiver (pastor, chaplain, counselor) is not an expert who diagnoses the patient and offers a cure but an attentive listener who asks genuine questions from a position of not knowing the answers,” (2016, p. 252). (This fundamentally spiritual approach to relationship—the not-knowing stance—keeps appearing!) Moschella describes a kind of deep listening that also recalls the way I approached the conversations with my research collaborators, one of allowing the story to unfold, uninterrupted, in all its fullness. She describes the

³⁵ David Epston writes of his own ethnographic approach, “Rather than thinking of myself as possessing some ‘expert knowledge’ that I might apply to those consulting me, I made seeking out *fellow-feeling* as my primary concern” (1999, p. 141, my emphasis).

importance for the listener to employ patience, compassion, and curiosity, which “requires a certain degree of letting go and trusting, an absorbed attentiveness to the story being told,” (p. 253) the same kind of present moment awareness cultivated in mindfulness and in reflective practice, and which Ellis describes in her approach to compassionate research. In relationship with the storyteller, the listener must help to create a safe space for the storytelling to occur. This is one of the reasons that being attentive to power dynamics and how our past experiences and various lenses influence the way that we are receiving and interpreting, and to a large degree evoking another’s experience is so important, because only in this way can we listen carefully and reverentially and truly create a condition of trustworthiness.

In the previous chapter, I presented voices from autoethnography (largely from the field of communications studies) and in this chapter, without much critique, I document the underlying theories in pastoral theology that resonate with the method as a way of bringing into dialogue these main threads of the project. This interdisciplinary conversation is important to me, and here I have included voices that reflect well that there is a well established narrative and reflexive tradition within practical and pastoral theology and support my claim that autoethnography offers a valuable methodological resource for researching the lived experience, especially as it pertains to more silenced and stigmatized, not to mention everyday, aspects of our existence. So too, our training as caregivers of the soul has something to offer autoethnography, in terms of how we engage in relationship, how we listen, and how we create safety and trust.

As the dissertation continues, you will see how I’ve reflected the values from narrative therapy in how I convey the stories and dialogue that constitute the field work of my research. As a way of offering an experience that is as close to the reverent curiosity and bearing witness I

hoped to offer to my research collaborators, I present the narratives with minimal analysis and allow the stories to speak for themselves. At the same time, my own meta-narrative is one that engages deeply in reflective practice. Given the complexity of addressing the living human document in the web, the following chapters will show different aspects of this web. In order to complete the foundational aspects of my investigation, the first part of the dissertation closes with a chapter that provides the broadest context of the web by describing the issue of abortion and recent literature and qualitative research that explore the issue. Then, in the second part of the dissertation, I provide the individual stories which can be viewed as more traditional documents, including a chapter detailing the confluence of events and learning experiences which led me to autoethnography. Two more chapters provide more in-depth narratives by way of dialogue. The interplay of these four chapters provides a complete picture of the issues at hand and attempts to embody the metaphor of the living human document within the web.

Chapter 3

Thinking about abortion contextually

Abortion is an issue, and experience, in which the relational nature of human existence is cast into high relief. . . In terminating a pregnancy, a woman makes a decision to abort the relationship she has with a developing fetus—and all future relationships that would arise around a new baby—and she does so, taking into consideration the complex familial and communal network she is already deeply embedded in. Abortion may be expressive of individual liberty, the exercise of a private right, but it has significant meaning for, and impact on, a woman's network of relationships, including the wellbeing of any children she may already have. (Cara J. MariAnna, 2002, p. 95)

In this chapter, I review contemporary abortion research and offer a short vignette about a pregnancy later in my life. In order to understand why the subject of abortion would be worthy of a dissertation-scale inquiry by a pastoral theologian informed by postmodernity and its various influences on both our field and our research methods, it is important to paint a picture of the larger context surrounding unplanned pregnancies and abortion decision-making. I organize this chapter by way of consistent themes drawn from my autoethnographic exploration and abortion story listening as well as the findings of other abortion researchers. I start by placing the issue of abortion within the embodied experience of pregnancy and then contextualize it further by reflecting on the cultural narratives that inform the experience of abortion; the resulting moral, relational, and emotional aspects of abortion; and the maldistribution of responsibility when it comes to reproduction and abortion decision-making. I consider more just ways of responding to the issue of abortion through a lens of reproductive justice, imagining more expansive and communal models of childrearing that could take some of the weight of abortion decision-making off the shoulders of pregnant individuals. And I comment on what autoethnography has to offer in moving us toward a more equitable and less shame-inducing culture around abortion.

It starts with a pregnancy

In the United States, nearly half of all pregnancies are unintended³⁶ (Finer & Zolna, 2016). Revising earlier figures of “1 in 3”—widely used by abortion activists and women who talk openly about their abortions on social media (e.g., #shoutyourabortion)—with more recent data, the Guttmacher Institute reports that 1 in 4 American women has an abortion in her lifetime (Jones & Jerman, 2017). While there may be some women who always celebrate a pregnancy, whether planned or not, it is reasonable to assume a majority of women who engage in sex with men have had a pregnancy scare (I’m assuming the unintended pregnancy statistics undercount since a late period could have been a chemical pregnancy, that is, a very early miscarriage, for example) if not significant deliberation over whether to continue a pregnancy or not. In other words, having to confront the question, “what am I to do with this pregnancy?,” is not an extraordinary occurrence. However, it is a significant event and, for many, though certainly not all—because of what it reveals about the problems in a romantic relationship, about the extraordinary demands of parenting and childrearing and how one’s life conditions do not allow for that, about how utterly alone one can feel in facing such a decision, or about the precariousness of life itself—a crisis.

Memoirist Emily Rapp-Black, in a public talk at Cedars-Sinai Medical Center (March 21, 2018), provided some writing tips to those in attendance who were interested in narrative medicine (see, for example, Charon, 2001, 2006). She indicated that illness memoirs invariably

³⁶ According to a Guttmacher Institute Fact Sheet on unintended pregnancy in the United States (2016, September), calculations of “unintended pregnancies” include both “mistimed” and “unwanted” pregnancies. In the overall figures, “Women who were indifferent about becoming pregnant are counted with women who had intended pregnancies, so that the unintended pregnancy rate only includes pregnancies that are unambiguously unintended.” Retrieved from <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states>

begin at the moment of crisis, which is not necessarily the chronological beginning of the story. Although the stories shared in this dissertation begin more specifically with the larger relational contexts in which the pregnancy occurred, abortion stories often start with learning of a pregnancy, as opposed to the procedure, and it is for this reason that the title of this dissertation includes not just a story of abortion but one of pregnancy too.³⁷ And, since each of my own pregnancies has been unplanned, they all feel connected and have some element of crisis associated with them regardless of the outcome: abortion, miscarriage, birth. It is impossible to understand anything about the experience of abortion without considering the larger context, not only of an individual woman's life, but also of the structures and systems at play which inhibit reproductive choice in the fullest sense.

An important contribution among the few on the subject of abortion in spiritual care comes from practical and pastoral theologian, feminist, and narrative theorist Christie Cozad Neuger in her chapter in *Pastoral Care and Social Change*, "The Challenge of Abortion" (1995).³⁸ Neuger provides a thoughtful essay on the important role spiritual caregivers can play in care receivers' deliberations around terminating a pregnancy. Far from the polarized and politicized debates one frequently sees within popular media and culture, Neuger's

³⁷ Marjorie McIntyre, Beverly Anderson, and Carol McDonald in their research of abortion experiences, write: "In talking with these women we have come to realize that what we had constructed as the experience of an abortion can be more meaningfully understood as the experience of a pregnancy that ends in abortion, an experience that is rich and complex and is best situated in the particular life of a woman" (2001, pp. 61-62).

³⁸ There is not an extensive literature on induced or elective abortion but, in addition to Neuger's chapter (1995), some pastoral theological treatments of the subject are Baloyi, 2012; Carey & Newell, 2007; Cowchock, et al., 2011; Geoghegan & Doehring, 2001; Monti, 1976; Picchioni & Barnhart, 1998; Rzepka, 1980; and Upton, 1982. In the one book-length work on pregnancy loss, Moe (1997) writes: "A final type of pregnancy loss, induced abortion, will not be included in this study. Induced abortion occurs when a pregnancy is medically terminated. While this book can be helpful in ministry to those who have had an induced abortion, this form of pregnancy loss may create entirely different sorts of problems that are greater than the capacities of this writing" (pp. 4-5).

discussion emphasizes the inherent ambiguity and ethical complexity of the issue of abortion and the particular challenges this “deeply felt life-and-death issue on almost every level of personal, familial, and social experience” (p. 125) presents to those most intimately involved. In many cases, women make the decision to have an abortion alone and, other times, in concert with others, and, I wonder, how often in consultation with a spiritual care provider. Though they may not often be called upon to do so, spiritual caregivers—experts in assessing spiritual wellness and distress, and in helping care receivers to make meaning of difficult experiences—are in an important position to help individuals and families to reflect theologically and ethically in the midst of moral decision-making processes such as whether or not to terminate a pregnancy. It is not surprising that abortion has been given short shrift, especially by women in pastoral theology. The whole question of legitimacy which one faces as a pastoral theologian to begin, and as a feminist too, makes delving into such an emotionally (not to mention politically, ethically, and theologically!) wrought issue—particularly without broad acceptance of methods employing personal narrative—very difficult. To complicate matters even more, the fear of self-exposure around one’s own abortion experience as a religious professional and how that “moral blemish” could undermine one’s pastoral authority is a significant concern as well. With this dissertation, I hope to make a small contribution in offering other possibilities of scholarship around this and similar subjects of interest to spiritual caregivers.

Through personal reflection, reading and listening to other women’s stories, and reviewing qualitative studies around women’s experience of abortion, I’ve come to believe that it is not abortion in and of itself—provided it’s legal and accessible—that harms women, but rather societal expectations (and the attendant canonical narratives) around womanhood, sexuality,

pregnancy, and mothering. In being able to say this, I, of course, owe a great deal to feminist theorists and to the activists and scholars who have articulated the reproductive justice movement in particular, and I will explore these ideas more fully throughout this chapter. By bringing me this insight about my own abortion experience and how it fits into the larger issues surrounding abortion, I also understand better why autoethnography has a great deal to offer practical theology and practical theologians in formation (which hopefully we always are), particularly for those engaging in caregiving activities. From a narrative perspective, I recognize more fully the value in—as frightening as it may be—exposing shameful and stigmatized aspects of my own experience of womanhood through this inquiry. This too we will explore. But, first, a story.

Pregnancy #4

He had been coming around a lot; we were getting along really well and I felt loved and supported. I was cautiously hopeful that the bond that he was developing with our son would allow something new to grow between the three of us. I was still breastfeeding many times a day, but my period had returned a few months earlier so it really wasn't safe to be having sex. As soon as I knew that I sent him information about getting a vasectomy, and about how Medicaid would cover the procedure. He knew he didn't want to be a parent, and I knew I didn't want a repeat of the situation we'd been in less than two years earlier. I was good about taking my temperature every day, but my period wasn't regular enough for fertility awareness to be a primary form of birth control. I really had no idea when I was ovulating. But we were having sex often, and

perhaps the vision of family that was emerging was on some subconscious level exciting to him too. There was a lot of passion and, with that, caution often thrown to the wind.

I started to suspect I was pregnant just before he went away for a week and, while he was gone, I became certain I was. He texted me that he missed us and was surprised just how much he missed us. He then said, not knowing I was pregnant a second time by him, “Sometimes I have no idea why you deal with me aside from the fact that you were careless enough to let me impregnate you.” Even when he was trying to compliment me (for my patience and grace, I suppose), the dig of it being my sole responsibility not to get pregnant was there. I was terrified to tell him, but I also knew I couldn’t tell him I only suspected I was pregnant, so I went to the dollar store to get a home test and waited for him to return so I could confirm things while he was with me. I came out of the bathroom and we didn’t have to wait at all—a positive result appeared immediately on the stick. We looked at each other uneasily. There was much said in the silence.

My mom was coming to visit for a week the day after I took the test (which is probably why he and I didn’t get into it that day). I was ashamed and didn’t want to tell her; somehow I managed not to until the last night she was here. I had told him that afternoon that I wasn’t sure I could keep it from her anymore, and he gave me his blessing to tell her. But then he was very angry when I did so and said it indicated my loyalties were with my parents and not him. In talking with my mother, I was allowed to articulate a possible outcome of giving birth to another child, and exactly what my hopes and fears were around that scenario. I had hoped she would allow me to explore all outcomes, but she immediately said she was delighted to have another

child to love and so on.³⁹ I told her that wasn't what I needed to hear, that I just needed her to tell me she would support me in whatever decision I needed to make. I reminded her that was what was missing when I was 17, an unconditional kind of support in the decision-making process and beyond.

My child's father and I fought the next day when I tried to share the same hopes and fears I had discussed with my mother and I asked if I could expect him to support me in any way if I were to continue the pregnancy. He said there was nothing to discuss since he was clearly not desirous of my having another child. He stormed out, saying, "let me know when you make a decision" and, after a barrage of angry email exchanges in the following days, I didn't see him for weeks. I delayed getting prenatal care and connecting to the pregnancy, and the day that I went to a midwife for a first appointment and told him, he threatened to commit suicide. It did not feel like an empty threat—his anger immediately dissolved into a peaceful resignation that had me seriously worried and calling suicide prevention lines. By some cosmic mercy, that pregnancy was never viable, and I miscarried not long after. Had I gone for an ultrasound early on, I would have known that much sooner and I wouldn't have gone through the agony of thinking I was weighing the potential life of a future child (and my emotional/spiritual health) with the existing life of my sexual partner. Not surprisingly—though somehow we emerged from the first pregnancy not entirely broken, even though we had complete disagreement about it—our relationship did not survive this second wound.

In the time before the miscarriage, I really had no idea what I was going to do. I could not imagine being a single mother to a toddler and a newborn, and I knew that if I continued the

³⁹ I understand better why this was her response after engaging the dissertation project and talking with her on several different occasions about her experience of my abortion as a teenager.

pregnancy I would undoubtedly have to move in with my parents—parents who lived across the country, parents who are aging, parents who didn't want to raise a child with me when they were 50, so why would they at 75? ... I had hoped that all that I thought we were building together would lead to my child's father responding differently to this pregnancy, that perhaps he would want something that a family could offer. But, his response made it clear that I could not count on him to be there at all. Still, I didn't think I could have an abortion when I had this one-year old I loved so much, and for whom I was in fact able to provide thanks to the generous support of my parents. It would be beautiful for him to have a sibling and for our little family to grow. As intense as it all was, I loved being pregnant and caring for an infant, and I wanted to be able to welcome another opportunity to have that experience—one only two years earlier I was pretty sure I was not going to have at all. So, in conversations with the few people I could trust with my secret at the time, I settled into a place of continuing the pregnancy. My father could not understand how I could consider that option. He thought it was irresponsible, irrational, and he could not be emotionally supportive to me. Whereas typically I would video chat with both my parents almost daily during a difficult time like this, I began talking only to my mother, even if my father was present in the house. It was an extremely painful time.

Women's embodied experience of pregnancy and the excruciatingly intense experience of mothering in the early months/years and the fear of doing that alone was something that the two men closest to me could not remotely conceive of. They could not understand me or how wrenching the experience of an unplanned pregnancy and the ambivalence around it could be. My mother tried to help my father come to some understanding but he was unable. Until one day at an appointment with a doctor he's had a decades-long relationship with, and the doctor was

talking about a relationship he had almost destroyed with his own son out of judgment about his taking a long time to complete a book he was working on. My father had a kind of awakening and, by chance, when he walked in the door of the house from the appointment, there I was on my mom's computer screen, completely overwhelmed and crying—not least of all because of the break in these important relationships at a time when I needed them most. In that very moment, my father tearfully expressed his remorse for his initial response and told me that he would support me whatever path I followed; that he loved me and that nothing else mattered; that he wouldn't let anything get in the way of that. My father and I have never been better since.

I tell this story as a kind of counter-narrative; while there are many cultural narratives which judge women for having abortions, as my own story demonstrates, there can often be tremendous pressures to terminate an unplanned pregnancy, both internally and externally, even if few women receiving abortion care would say they are being coerced. This relational and contextual aspect of abortion decision-making—the fact that it is not usually a woman *alone* who decides, even though she may feel so very, existentially, alone in going through with the decision—gets significantly short shrift. In my most recent pregnancy situation, 40 years old and financially stable (because of the privilege of having parents who have enough money to help me), I was still seen as irresponsible by my father for considering having another child. Even if I had a committed partner he might have felt the same way, as long as I was accepting their financial help. Mind you, this was not a theoretical discussion about me getting pregnant, it was in discussing the very real question, “What am I to do with *this* pregnancy?” My sexual partner saw my consideration of continuing the pregnancy as a betrayal of him since it was counter to his

own desires and life plans, but he also saw my consideration of an abortion as selfish and hypocritical since I didn't consider an abortion in the first pregnancy when he also did not want me to have a child. The only way I could make sense of this accusation of selfishness was because I expressed fear of the stigma and practical challenges as a single mother of two but wasn't equally concerned about the shame and guilt he would feel for not actively parenting his children. How does one have a thoughtful deliberation around such a significant moral decision when the people closest to her have their own agendas which do not necessarily take into consideration the potential relationship between mother and child (both my existing child and a potential future child)? In my case, that was always front and center in my process. During the critical decision-making period, I could not have a conversation with someone unable to consider that variable in any serious way or even empathize with my need to do so. It hurt too much.

Cultural narratives

Autoethnographer Tamara Sells (2013) writes that the silencing of women around abortion comes from a master plot, and that "this dominant, cultural narrative suggests that abortion is morally wrong and those who undergo it are irresponsible" (p. 185). Cultural or canonical narratives are those stories that appear in our everyday lives and permeate society—they appear in the form of family lore, pointed questions, racial profiling, tropes and stereotypes—reflecting and articulating deep seated norms and assumptions. The virgin or whore binary comes to mind as a particularly omnipresent and pernicious example. Cara MariAnna (2002) writes that these cultural narratives, like implicit bias, "can be so embedded in our taken-for-granted assumptions of the world that we are unaware of their presence in our lives." (p. 2) She adds, provocatively,

that “the decision to have an abortion...may be less a matter of individual choice than an instance in which a woman acts in accordance with cultural norms and dictates. In effect, abortion can function in some ways to maintain the status quo. Of course, the same is true of the decision to continue a pregnancy.” (p. 2) This is one way in which women ultimately engage in abortion decision-making within a web of relationships, with some of those relational influences being more conscious than others.

Marjorie McIntyre, Beverly Anderson, and Carol McDonald (2001), in a hermeneutic phenomenological study, discuss the ways in which cultural narratives significantly impact the emotional experience surrounding women’s abortions and their decision-making processes. They describe three narratives: 1) *a medical narrative* which establishes that “pregnancy is preventable, that contraception is readily available, and that abortion is an unacceptable means of ‘birth control;’” 2) *a moral-ethical narrative* which “challenges a woman’s right to make decisions about her own body, foregrounding the rights of the fetus;” and 3) *a political narrative* drawing from conservative theological views and a ‘pro-life’ agenda which “conceptualizes women who have abortions as ‘bad,’ the abortion act as ‘wrong,’ and the professionals who perform these acts as ‘murderers’” (pp. 49-50). And, in *Scarlet A: The ethics, law and politics of ordinary abortion*, Katie Watson (2018) talks about three master plots in the abortion debate: 1) abortion is always a difficult (tragic, potentially regretful) decision (p. 50); 2) abortion is a women’s issue (when really, there is a web of relationships and individuals impacted by unplanned pregnancy and the availability or lack thereof abortion) (p. 60); and, 3) abortion is about sex (as opposed to romance, relationships, and family) (p. 67). All of these narratives

contribute to the shaming and silencing of women—and to some degree, men as well—around their unplanned pregnancies and abortion experiences.

Christian ethicist Rebecca Todd Peters, in her book *Trust Women* (2018), expands our understanding of these narratives by challenging the overarching narrative for all of them, one she situates within what she calls the *justification framework*, that is, the assumption that only some reasons are socially acceptable for an abortion.

By beginning with the premise that women should continue their pregnancies, the justification framework misidentifies the act of terminating a pregnancy as the starting point for our ethical conversation. It reduces the conversation to an abstract question of whether abortion is right or wrong, creating a binary framework woefully inadequate for the complexity of the moral questions surrounding abortion. Abortion, however, is never an abstract ethical question. It is, rather, a particular answer to a prior ethical question: ‘What should I do when faced with an unplanned, unwanted, or medically compromised pregnancy?’ This question can only be addressed within the life of a particular woman at a given moment in time. (p. 6)

Peters argues that one of the reasons that therapeutic abortions, or abortions in cases where the health of the fetus or mother is compromised, have greater social acceptance is because these mothers fit the pronatalist narrative, that is, such women want to be mothers and theirs are wanted (albeit compromised) pregnancies (p. 51). She writes, “women who conform to social expectations about pregnancy and mothering are deemed worthy of our support, our sympathy, and access to abortion services when something goes ‘wrong’” (pp. 51-52). The rest, of course, end up being silenced.

Peters makes a similar argument for the other exceptions in PRIM (prenatal health, rape, incest, and the life of the mother) abortion reasoning, highlighting how in the case of rape or incest “a woman’s supposed sexual purity” (p. 145) has been violated and therefore her maternal obligations are somehow excused. She contends that these abortion justification arguments

demonstrate that people do accept that context matters, and that the question of abortion is not one which is black and white. This is not how the issue is framed in popular discourse, certainly, but recognizing that there is already some space for a more compassionate response to women facing unplanned pregnancies could perhaps encourage those of us who have had abortion experiences to disclose them more frequently, in an effort to dismantle the justification framework.

Even “pro-choice” advocates have been complicit in the justification framework in public discourse, if not also in private. Women’s studies scholar and abortion clinic patient advocate Jeannie Ludlow refers to the grand majority of “ordinary” abortions, the ones we cannot justify, as “the things we cannot say”⁴⁰ in her article of the same name. She implores her readers to challenge this erasure and writes,

When I am silent about “the things we cannot say” and focus on exceptional circumstances, I reinscribe a discourse of “appropriate abortion” that in turn feeds a cultural climate in which abortion patients feel “guilty” or “like bad people” for exercising their right to decide whether and when to become parents. Thus, I delegitimize the most common reasons women decide to abort... When someone states, “Abortion shouldn’t be used as birth control,” I will reply, “But that’s exactly what it is—a way for women to control when we give birth.” And when, during a conversation about why abortion must remain safe, legal, and accessible, someone invokes exceptional circumstances, I will inject a dose of normalization into the discussion; I will define the gap by drawing attention to it. I will say, “Yes, of course abortion must remain legal for victims *and* for those of us who forget our pills or diaphragms and who do not want babies right now.” I believe that when witnesses are willing to testify to “the things we cannot say,” including to some phenomena that may be read as politically ambiguous, the continuous process of narrative structuring, to use MariAnna’s (2002) terms, will shift, making way for more diverse, and perhaps even for contradictory “understandings of truth” about abortion (p. 121). (2008b, pp. 35-36).

⁴⁰ And poet Abby Minor (2017) writes about the isolation resulting from this denial of the ordinariness of abortion: “It may be true, as the hay bales say, that children are a gift from God, but my own desire not to bear a child, like any fully-fledged desire, was a garden—incarnate, rooted, indisputable and beautiful in its complexity. And the grief I felt—still sometimes feel—had less to do with loss than with being cast beyond the boundaries of what’s heard” (para. 24).

Susan Sherwin (1991), a Canadian healthcare ethicist, in her article “Abortion Through a Feminist Ethics Lens,” also argues for reproductive choice outside of the justification framework. She offers a judgment-free view on women who choose to forgo the pill, the IUD, and barrier methods in their sexual lives. And, she rightfully says, “There is only one contraceptive option which offers women safe and fully effective birth control: barrier [or, more reliably at this point in time, LARC⁴¹] methods with the back-up option of abortion” (p. 331). In *Scarlet A*, bioethicist Katie Watson (2018) presents a sobering statistical account of what goes into managing one’s lifetime fertility, revealing that “a woman who wants to have only two children and no abortions, and has regular [heterosexual] sex throughout her reproductive years, has to prevent somewhere between 16 and 29 pregnancies” (p. 31). And despite what those who want to criminalize it wish for, when a) birth control methods fail, b) sex is not always protected, and c) pregnancies are not always wanted, abortion is going to be a reality, and a common one at that.

There is widespread discomfort with the reality of abortion, even among its supporters, and a tendency to try and legitimate abortions by suggesting they are only there as a last resort where birth control fails, or that the only justifiable abortions are those resulting from nonconsensual acts (rape/incest) or compromised health of the fetus or mother (that is, *wanted* pregnancies that go wrong). For others, there is never a justifiable reason for an abortion; crisis pregnancy centers “counsel” vulnerable women by suggesting that if you don’t want to become a

⁴¹ LARC stands for long-acting reversible contraceptives, which an intrauterine device or IUD is one example of. However, these should not be seen as a panacea for a variety of reasons, not least of all because not all women experience IUDs as empowering or sexually liberating since they are at the mercy of a physician to remove the device and cannot control their fertility as directly as they might with other contraceptive methods (see e.g., Mann & Grzanka, 2018; Gomez, et al., 2018).

parent when facing an unplanned pregnancy then the only reasonable alternative is to place a child for adoption.⁴² This says nothing of the risks associated with the major health event that pregnancy and childbirth entail, or the need for the consent of a woman to carry a pregnancy to term and birth a child, or the even bigger moral crisis that can occur in separating a mother from a newborn after a significant amount of bonding has already occurred in utero. When my parents were growing up, if a pregnancy occurred out of wedlock and the family did not have the means to seek out an illegal abortion, then, in all likelihood adoption was imposed on the woman by family and the larger society. Reading about “The Lost Children of Tuam” (Barry, 2017), I found myself unsettled by how the narratives at play—the same ones that kept all abortion illegal in Ireland until a 2018 referendum—that caused the tragic death of hundreds of infants confined to homes for illegitimate children 50-75 years ago, are alive and well in the public discourse around abortion in the United States in 2018.

These cultural narratives are powerful. I consider myself to have grown up in a politically liberal, adamantly pro-choice home—one in which I was not exposed to explicit religious conditioning which would make me feel ashamed of my sexuality or of having an adolescent pregnancy and abortion. And still, I deeply internalized the feeling that I was taking life in having an abortion as shame. Whether it was my own moral understanding based on the embodied experience of pregnancy, or a particular spiritual worldview which welcomes spontaneity and unplanned events as things to learn and grow from that affected how I viewed

⁴² Rebecca Peters writes, “A recent study found that one-quarter of women who had abortions voluntarily voiced their rejection of adoption as a viable option. In describing their unwillingness to bear a child and place it for adoption, these women give voice to the reality that most women who do continue unplanned pregnancies do so with the understanding that they are deciding not just to have a baby but to mother a child. The intuitive recognition of the moral distinction between the prenat and the newborn baby makes it clear that, for these women, abortion is an acceptable moral choice for them in a way that adoption is not” (2018, p. 173).

my unintended pregnancies and one abortion, I don't know, but there is no doubt that I have been deeply conditioned and shaped by norms which play out in the public abortion debate. They are the same ones that made my parents feel like they would be judged for being "bad parents" when I became pregnant at 17, and for retrospectively thinking I might have had more options if my boyfriend at the time had proposed marriage. It is important that we understand how these narratives operate, and as caregivers especially, in how we respond to women and families who are personally dealing with the issue of abortion.

As MariAnna writes, "By recognizing the role cultural narratives play in our decision-making process, we might, for example, lighten the burden of isolation and secrecy, and/or shame and guilt, that surrounds the issue of abortion." (2002, p. 2) And, as McIntyre, Anderson and McDonald (2001) conclude from their study, it is "only by recognizing our complicity in sustaining these narratives will we be able to disrupt them, and to generate new possibilities for understanding the experience for the woman and for ourselves" (p. 61). Sharing and listening to abortion stories is one way that we can begin to disrupt these larger, harmful, cultural norms.

On it being a "choice"

People are still ambivalent about abortion. They know that sometimes it's straightforward, sometimes it's messy and complicated, and often it's sad. They do believe that it's an issue with moral dimensions. But at the end of the day, they realize that the only reasonable way to deal with an unwanted pregnancy is to leave the choice up to the individual woman. (Kathleen McDonell, 2003, p. 16)

Abortion is often straightforward. When the person with a uterus unambiguously wants to end the pregnancy. Because they don't want to be a parent yet, or ever. Because conception was the result of a sexual act that was nonconsensual. In ending such a pregnancy, the woman may feel

empowered. Abortion may also be agonizing. When the person with a uterus would like to continue the pregnancy. If only there were a supportive partner, if only society did not judge such a young mother, if only there were social services that could help make it feasible, if only there were not a motherhood penalty incurred in one's career due to a lack of paid leave and so on, if only there were other models for childrearing besides heterosexual marriage which were widely practiced and accepted (and single motherhood were not so stigmatized). In these cases, it may be experienced as a grave sacrifice; it does not feel freely chosen. In theory it may be easy to assign moral value to a woman's decision to terminate a pregnancy without any consideration of the circumstances, but in practice, not so much.

Beverly Harrison, in her classic text *Our Right to Choose: Toward a New Ethic of Abortion* (1983) speaks of procreative choice. She says,

[F]ew moralists even recognize that with respect to abortion women do not, in the first instance, choose it at all. Rather, mature women choose to shape their own procreative power within a meaningful life plan. The decision for or against an abortion arises either from a failure in such rational life planning owing to circumstances outside a woman's control or from a failure to take responsibility for contraception. (p. 42)

I have always hated the term “pro-choice,” or the idea that one *chooses* abortion (which is to say nothing of the immense problems with its counterpart, “pro-life,” as opposed to using the language of “anti-abortion,” or as Katie Watson proposes, “pro-fetal rights” (2018, p. 13)). Harrison understands this linguistic limitation. Yet, even an explicitly feminist treatise on abortion, while it acknowledges the importance of autonomy in life planning, and that there are factors outside of the woman's control, still places undue responsibility on the pregnant person for a lack of planning or contracepting.⁴³

⁴³ Of course, most readers are familiar with the same kind of reasoning that happens in nonconsensual encounters, the “victim-blaming,” which often attends incidences of sexual assault.

Fortunately, Peters, while paying tribute to Harrison's groundbreaking work, dismantles the justification framework which is exemplified in Harrison's language of "a failure to" contracept and engage in "rational" life planning. Peters also speaks to the problems associated with the concept of women "choosing" abortion, problems which are intertwined with race and class. She writes:

The term choice masks the situation of women who end their pregnancies because they lacked the material support necessary to choose to have a baby (or another baby). A choice implies the ability to choose between options. The constraints of poverty and inequality in this country as well as the active oppressive forces of institutionalized racism mean that some women who end pregnancies do not necessarily experience that decision as a choice. Not only do the majority of women having abortions indicate that their so-called choices are affected by a variety of life crises, including domestic violence, poverty, and insecurity, but these same women's decisions are often dismissed as convenient, careless, and trivial. (2018, p. 190)

While abortion in many cases may be more of a non-choice than a choice, what must be an affirmative, deliberative, and moral choice *is* the decision to become a mother and to enter into a committed, loving, trusting long-term relationship with a child. We need entirely new ways of talking about and looking at these issues.

Reproductive justice

One helpful lens is that of reproductive justice. Articulated for and by women of color, many of whom were engaged in activist struggles at the time of its initial formulation in the mid-nineties, reproductive justice moves beyond the narrow focus on being able to "choose" abortion by including the right to both choose to parent and to have access to the resources needed for a child to flourish. As one of its founders (also a colleague of mine at Claremont School of Theology) Toni Bond Leonard states in Peter's book (2018), "We understood that an intersectional analysis

was needed that highlighted how combined issues of race, class, and gender contributed to our reproductive oppression. Exclusive focus on rights-based language didn't work for us, because it ignores that for many women, that right oftentimes doesn't become a reality" (p. 189). Loretta Ross and Rickie Solinger (2017) state that "reproductive justice has three primary principles, they are: all people deserve 1) the right to not have a child, 2) the right to have a child, and 3) the right to parent children in safe and healthy environments" (p. 9). It is, of course, with a great deal of irony that the very same politicians, individuals, and organizations that want to criminalize abortion to "save lives," vote to minimize, curtail, or end public spending on "high-quality health care, housing and education, a living wage, a healthy environment, and a safety net for times when these resources fail" (Ross & Solinger, 2017, p. 9), actions which guarantee a significant decline in quality of life for the poorest Americans, very often children who are living in households headed by a single mother.

Ross and Solinger continue:

The case for reproductive justice makes another basic claim: access to these material resources is justified on the grounds that safe and dignified fertility management, childbirth, and parenting together constitute a fundamental human right...Reproductive justice uses a human rights framework to draw attention to—and resist—laws and public and corporate policies based on racial, gender, and class prejudices. These laws and policies deny people the right to control their bodies, interfere with their reproductive decision making, and, ultimately, prevent many people from being able to live with dignity in safe and healthy communities...The human rights analysis rests on the claim that interference with the safety and dignity of fertile and reproducing persons is a blow against their humanity—that is, against their rights as human beings. Protecting people against this interference is crucial to ensuring the human rights of all because all of us have the human right to be fertile, the human right to engage in sexual relations, and the human right to reproduce or not, and the human right to be able to care for our children with dignity and safety. (2017, p. 10)

Without question, the various aspects of the reproductive life cycle: reproductive health services, pregnancy, childbirth, and child rearing affect women significantly more than men. And, among women, the impact of a lack of access to healthcare, abortion care, affordable childcare, and so on disproportionately impacts Black and brown and low-income individuals and families.⁴⁴

Working towards reproductive justices means bringing 21st-century feminism back to its radical roots, acknowledging the ways that patriarchy is aligned with capitalism and neoliberal agendas to systemically disadvantage women as the bearers of reproduction.⁴⁵ Looking at abortion contextually, and as just one aspect of this much bigger reproductive fabric of women's lives, is essential if we are committed to justice and equality.

It is a moral and *relational* issue

Katie Watson (2018) talks about “the beneficiaries of abortion,” that is, the men, women, and children whose lives are allowed to flourish because of a pregnancy being terminated. The children whose mother was already stretched thin when she faced an unwanted pregnancy. The

⁴⁴ I capitalize the B in “Black” because I am here referring to a culture-sharing group (one that, as James Baldwin famously declared in *The Price of the Ticket* (1985), is formed primarily by what it is not, and is therefore a peculiar categorization resulting from anti-black racism: “As long as you think you are white, there is no hope for you. Because as long as you think you’re white, I’m forced to think I’m black.”), so it is similar to the capitalization required for descriptors like “Mayan” or “Armenian” or “Hasidic.” I do not capitalize the b in “brown” or the w in “white” because these words only refer to a phenotypic element, specifically skin color.

⁴⁵ In an interview with *New York Times* columnist Gary Gutting, Nancy Fraser (2015) writes, “For me, feminism is not simply a matter of getting a smattering of individual women into positions of power and privilege within existing social hierarchies [a la feminism of Facebook COO Sheryl Sandberg]. It is rather about challenging the structural sources of gender domination in capitalist society—above all, the institutionalized separation of two supposedly distinct kinds of activity: on the one hand, so called ‘productive’ labor, historically associated with men and remunerated by wages; on the other hand, ‘caring’ activities, often historically unpaid and still performed mainly by women... This gendered, hierarchical division between ‘production’ and ‘reproduction’ is a defining structure of capitalist society and a deep source of the gender asymmetries hard-wired in it. There can be no ‘emancipation of women’ so long as this structure remains intact” (para 2).

man who engaged in casual sex with a woman with whom he has no desire to enter into a long-term relationship and co-parent. The woman who is able to pursue higher education, and all of the people who benefit from her training and professional commitments, which motherhood would have interfered with. These are the issues and relationships which women take into consideration when they deliberate an abortion decision.

In a 2005 research study on the reasons women give for abortion, Finer, et al. write that “the decision to have an abortion is typically motivated by multiple, diverse and interrelated reasons,” citing recurring “themes of responsibility to others and resource limitations, such as financial constraints and lack of partner support” (p. 110). They elaborate:

Among women who gave at least two reasons, the most common pairs of reasons were inability to afford a baby and interference with school or work; inability to afford a baby and fear of single motherhood or relationship problems; and inability to afford a baby and having completed childbearing or having other people dependent on them. (p. 113)

The cost of raising a child is an extremely common theme, and it is poor women who are most affected by trap laws (legislation passed at the state level which attempts to make abortion less accessible) as well as the 1976 Hyde Amendment which targets them exclusively by not allowing federal (Medicaid) funds to be used for ordinary abortion care. These are the same women who have to delay an abortion because they have difficulty coming up with the money to fund the procedure. And, if they are that strapped for cash, how are they possibly going to meet the material needs of a(nother) child? A full 74% of respondents identified concern for or

responsibility to other individuals, primarily existing or future children, as a factor in their decision (Finer, et al., 2005, p. 116).⁴⁶

Similarly, MariAnna, in her in-depth interviews with 13 women for her dissertation, published in 2002 as *Abortion: A Collective Story*, references the varied and intersecting reasons women terminate pregnancies, referring to age, readiness to be a parent, educational aspirations and other life plans, financial instability or impoverishment, the quality and status of her relationship with the father, and not having partner or family support and not wanting to depend on social services/welfare (pp. 92-94). Echoing the idea of it being a non-choice, she writes that, “in a sense, abortion is always a way out of something a woman would rather not endure: a failing relationship; financial dependence upon a husband, parents, or even the state; the demands and fatigues of motherhood,” and as such it is a kind of act of self-care (p. 97). But,

⁴⁶ Here, I include the complete summary findings: “The decision to have an abortion is typically motivated by diverse, interrelated reasons. Nearly three-quarters of respondents indicated that they could not afford to have a child now, and large proportions mentioned responsibilities to children, partner issues and unreadiness to parent. The in-depth interviews revealed that these reasons are multiple dimensions of complicated life situations. For example, financial difficulties are often the result of lack of support from one’s partner, or lack of a partner altogether; and the financial and emotional responsibility to provide for existing children without adequate resources makes it too hard for some women to care for another child.

Yet some broad concepts emerged from the study. A cross-cutting theme was women’s responsibility to children and other dependents, as well as considerations about children they may have in the future. Most women in every age, parity, relationship, racial, income and education category cited concern for or responsibility to other individuals as a factor in their decision to have an abortion. In contrast to the perception (voiced by politicians and laypeople across the ideological spectrum) that women who choose abortion for reasons other than rape, incest and life endangerment do so for ‘convenience,’ our data suggest that after carefully assessing their individual situations, women base their decisions largely on their ability to maintain economic stability and to care for the children they already have.

In light of the public debate over the morality of abortion, it is notable that the women in our survey emphasized their conscious examination of the moral aspects of their decisions. Although some described abortion as sinful and wrong, many of those same women, and others, described the indiscriminate bearing of children as a sin, and their abortion as ‘the right thing’ and ‘a responsible choice.’ Respondents often acknowledged the complexity of the decision, and described an intense and difficult process of deciding to have an abortion, which took into account the moral weight of their responsibilities to their families, themselves and children they might have in the future.” (Finer, et al., 2005, pp. 117-118)

more than that, it is an expression of a woman's obligations to others and, as such, may also involve some sacrifice.

As reproductive justice arguments make clear, abortion is a problem which is embedded in the larger and more complex fabric of women's lives. Lives which are shaped by systemic injustices and intersecting oppressions; lives which are given undue responsibility for the burdens of reproduction and childrearing; lives which are valued less than many value a potential life (what Peters hopes we can begin to call a *prenate* only, eschewing both embryo/developing cells/fetus and baby/child terminology) that depends exclusively on the wellbeing of the mother, and of her consent to gestation, for its very existence. Fortunately, for so many ordinary abortions, there is little or no ambivalence on the part of the woman⁴⁷—there is clarity and confidence in her decision to terminate the pregnancy—and no disagreement with her partner or family. This does not mean that there may not be feelings of loss or grief, still. Or that there may not also be feelings of shame and guilt. But, it could be argued that both of these responses are largely social constructions—because of the ways that we culturally attach significance to pregnancy and create an embodied being to imagine from very early on (not to mention 3D

⁴⁷ In saying this, I do not mean to suggest that an abortion experience is ever something to be taken lightly. Sue Nathanson, in a memoir which focuses on her abortion experience as an older mother to three children, beautifully conveys the emotional, spiritual, and moral significance of being able to “choose” abortion. She writes: “Women in our time and place who choose abortion are alone, without any existing structures to rely on while they work to integrate this profound experience. Women have to develop themselves psychologically so that they can accept the consciousness of having the power and capacity to choose to end a life that is also part of their very own being. In this time and place, women who choose abortion are unprotected from the assaults of those who call them murderer; they can't shield themselves from these assaults at the same moment they attempt to confront their own inner judges. There are few therapists in general, and even fewer to whom they might have access, who can help them if they choose not to seal over the experience of abortion, not to deny its importance, not to deny its meaning, and to connect it with its deep roots in elemental feminine experience. Most important of all, there are no existing structures to help them weave it into the ongoing creation of their soul. Women in our culture who can't suppress or repress their experience of abortion must bear the burden of their consciousness alone” (1989, p. 209).

images of it), and the ways that we judge women who do not fit into a more traditional mold of womanhood and mothering.

Difficult feelings around abortion

Difficult emotions are not necessarily common among women experiencing abortion, but they do occur, and a large cause of negative feelings around an abortion have to do with the justification framework—or the assumption that an abortion is a morally unfavorable action in all but a few circumstances—and the subsequent silencing and shaming that attends such a view. Abortion “regret,” then, could be seen to be largely socially constructed.

Katrina Kimport (2012) investigates the assumption, which opponents of abortion often tout, that women invariably regret their abortions. Regret is not clearly defined by either those who support this argument or those who dispute it and, through in-depth interviews with women, Kimport looks instead at difficult emotions more generally, arguing that this difficulty is discursively constructed and is dependent on three main factors: “1) social disapproval, 2) romantic relationship loss, and 3) emotional conflict between head and heart” (p. 106). A particularly profound and personally resonant statement from one of Kimport’s research participants highlights the kind of relational trauma that can accompany an unplanned pregnancy. She says, “I don’t think abortion can be emotionally harmful. I think the people in a woman’s life who are not supportive of her can be emotionally harmful” (p. 113). Similarly, religious and cultural views that place blame and judgment on women in relation to an unplanned pregnancy can be harmful.

An additional factor that Kimport explores is the degree of attachment that women have to their pregnancies, even if they are “unwanted,” which can result in greater feelings of conflict during the decision-making period, and grief and loss when the pregnancy ends. One woman described planning for both outcomes and receiving early prenatal care, just in case, because she “really wanted to have a baby,” even though ultimately she knew she couldn’t take on the responsibility of another child as a single mother already. Kimport concludes that there are conditions that can make abortion experiences particularly emotionally challenging and as caregivers and familiars of women experiencing abortion, we should be encouraged to attend to women’s lived experience and provide space for them to express their complex feelings free of judgment (p. 119). Yet another argument for compassion and care, in whatever context we may be encountering someone contending with an unplanned pregnancy and abortion.

Bearing the burden of reproduction

There are no less than two parties involved in accidental pregnancies and, yet, our cultural narratives and justification framework judge only one of those parties. A woman I know working in the area of stigma and single motherhood said to me, “We’re the parent who stays, and yet we’re the one that is judged” as irresponsible for getting pregnant outside the context of a committed relationship or as being flawed since we were obviously abandoned (Amy Andrada, personal communication, Nov 15, 2018). If a woman continues an unintended pregnancy and the male partner is not involved, the woman is the one who is judged against a particular norm of what family should look like (i.e, two involved parents in a committed relationship). And, if a

woman ends an unintended pregnancy, the woman is the one who is judged for having sex, for making a mistake, for being careless, etc. No wonder most keep it a secret!

We have traditionally talked about abortion as a women's issue, even though men and women alike benefit from its availability as a means of birth control. Although women's stories are few and far between, we even less often hear men's personal experiences of abortion. Katie Watson writes about a fellow academic who approaches her after a conference presentation to share his experience. In their conversation, he recalls a casual encounter that resulted in a pregnancy and abortion while he was in college. He later tells her, "I'm so grateful—my life went so much better because I got lucky and did not have to either take responsibility for raising a child, or live with the guilt of not taking responsibility for sharing in the raising [of] a child" (Watson, 2018, p. 63). While I appreciate this man's perspective, and his ability to feel gratitude for an abortion experience, I find it hard to empathize with his desire not to feel guilt for NOT helping to raise a child or take responsibility for an act that he actively participated in that created a pregnancy.

When a woman faces an unintended pregnancy and she is not on the same page as her sexual partner about the best course of action, she has to decide what she can live with, one of the possible outcomes being the major health events of pregnancy and birth and, ultimately, *sole* responsibility for raising a child. The other being saying "no" to a potential relationship with a child, which, depending on the woman and where she is in life, may be a huge sacrifice (speaking from experience, a single woman nearing the end of her fertility, for example) or, may even feel like she would be doing something in opposition to her own moral understanding of the situation. Compare that to a possible outcome of *shared* responsibility for raising a child, or the

alternative of feeling guilty for not taking responsibility. These are neither equivalent responsibilities nor equivalent sacrifices. The values underlying the decision-making around an unintended pregnancy in such a situation—where there is disagreement and there is not a committed relationship—are also quite different.

While both parties may be informed by the value of autonomous life planning in how they respond to an unplanned pregnancy, there is a network of relationships being taken into consideration by the pregnant woman as well. Miller-McLemore's "living human document in the web" (2008) is an apt description for how most women respond to unplanned pregnancies; it is their story, but it cannot be understood outside the context of a web of relationships. While this is something I knew about my abortion experience all along, it was only in doing the dissertation research and narrative inquiry into what happened that I was able to articulate clearly what most pained me about not only my abortion experience but also my more recent pregnancies. It was the burden of responsibility on me as the one with the uterus and the feeling that there was no one else who could share that burden with me. All the conversations I had during my research helped me to voice that, and it was with deep appreciation that I found many researchers of abortion supporting that view. I share their conclusions with you now.

Kimport's study of difficult emotions (2012) identifies the relationship with the other party to the pregnancy as a major variable in women's experience of abortion. A related study (Kimport, et al., 2011), which looks more closely at the social sources of distress in women's experience of pregnancy and abortion, concludes that there are significant "gendered imbalances in responsibility for pregnancy prevention, abortion, and childrearing" which have negative outcomes on us as a society and that we collectively need to find ways to better distribute these

reproductive responsibilities. (p. 108) McIntyre, Anderson, and McDonald (2001), in addition to highlighting the ways in which cultural narratives contribute to difficult emotions surrounding an abortion experience, also find that the quality of the relationship with their sexual partner plays a significant role in women's experiences, citing "the women's awareness of their ultimate aloneness in the decision to have an abortion" and the fact that "they bore sole responsibility not for becoming pregnant but for the decision, and living with the outcome of that decision" (p. 59). McIntyre, et al., add that embedded in the tension arising from this existential loneliness was a desire for connection and for their partner to be more central to the decision. Connecting their findings to my more recent pregnancy experiences, that feeling of being so alone in such a massive life decision really heightened my structural understanding of the moral problem of abortion. And, this burden of responsibility is probably the biggest take away I have about abortion from this study.

Watson's concern with the narrative that sees abortion as solely a women's problem leads her to suggest:

A progressive view of gender roles expects modern men to share responsibility in areas like birth control and parenting. Applied to abortion, this view might suggest that people who start an unwanted pregnancy together end it together.⁴⁸ For many, that will mean going through the event together. *For all, it could mean sharing moral responsibility for the act, social responsibility for destigmatizing the choice, and political responsibility for keeping abortion available.* The same principle applies to men who have not experienced an unwanted pregnancy but are able to have sexual relationships without fearing they must necessarily result in fatherhood. Amending the 'women's issue' master plot could help men understand how they benefit from abortion's legality, and why those who believe they benefit should work to keep it that way." (2018, p. 66, my emphasis)

⁴⁸ An example of this can be found in Art Bochner and Carolyn Ellis's description of their abortion experience (see Bochner & Ellis, 1995; Ellis & Bochner, 1992; Ellis, 2008).

Until such time as we begin to address these structural inequalities, any discussion around trying to reduce the number of abortions in the United States seems futile (not to mention unfair).

Perhaps in hearing women's stories, as well as telling their own, and beginning to understand more deeply what goes into reproductive decision-making, men will be emboldened to take more responsibility.

The value of autoethnography in understanding the larger context of abortion

Abortion stories can contribute to moving the conversation in a more meaningful direction, by illustrating individual lives, circumstances, and ethical decision-making processes. They can be collected in various forms. MariAnna (2002) used narrative analysis and found her participants by word of mouth and snowball sampling; Kimport (2011) used a grounded-theory approach with semi-structured, open-ended phone interviews (participants were identified by way of calling a support line); and McIntyre, et al., (2001) did hermeneutic phenomenology—the women responded to clinic flyers. Melissa Madera has compassionately collected hundreds of stories through *The Abortion Diary* podcast but has not yet analyzed the data. There is a treasure trove of narratives there for her or someone else to inquire into further. Ellis and Bochner (1992), Minge (2006), and Sells (2013) have all used autoethnography to tell their own abortion stories.

While I think there is a role for all kinds of qualitative approaches in practical theology, my experience suggests that there is a particular benefit to using an autoethnographic approach when it comes to a stigmatized experience like abortion, not least of all because there is an element of “coming out” which a researcher and academic shares with colleagues in the process. Furthermore, autoethnography allows for a deep-dive into a phenomenon that would be much

more difficult if one is not considering their first-hand experience with it explicitly. It also allows for a consideration of other perspectives more fully, in talking with familiars and asking for their accounts and potentially revising one's own memory of an event or experience as a result. We receive the results of other research studies in a new light when we have done this kind of personal investigation as well. The words of others who have experienced what you have can resonate more fully and you may find that your understanding for them and their particular circumstances is significantly enlarged.

Ultimately, I think the value in doing personal narrative work around a stigmatized or marginalized experience/identity is that it builds empathy in the storyteller/writer, as well as the reader/listener, and it particularly enables those who have benefited from unearned privileges in the larger society to investigate the experience of marginalization from a first person perspective. Where those aspects of oneself may have been suppressed for various reasons, an intentional investigation can provide essential material for one's spiritual formation and the potential transformation of larger structural issues with which the autoethnography provides insight.

PART 2: The Inquiry

After sharing my abortion story, which I had recorded for the *Abortion Diary* podcast (Madera, 2015), with a select group of friends, I received this email from a former boyfriend. We dated briefly when I was in my early thirties; he was eight years my junior, and though there was a solid foundation of love there, it proved an insurmountable age gap at that point in time. But his thoughtful listening and reflection years later was a tremendous gift to me. His own narrative proclivities come from being a filmmaker.

On Sat, May 16, 2015 at 5:13 PM, Jonathan wrote:

It was cool and overcast this afternoon. After writing for most of the day in a coffee shop in Fort Green, I found that I had an hour to fill. Your audio recording has sat in my mental queue since returning from LA. I treated it as a ritual to save for a moment when I had not only time and space to listen, but the presence and strength to absorb it with an open heart. So, I returned to this email and listened to your story on a languorous afternoon, walking, wandering around BAM. I had braced myself for a eulogy. It was gripping, for sure, though your grief was so thoroughly filtered through years of contemplation that it almost glowed with compassion. And the story is as much about the power of love and forgiveness as the void of loss and bereavement. Listening to you speak about the love you found with your high school boyfriend, the pull of your imagined future, your will to bring a new life into this world with him, and your journey to process that loss over the last twenty years: it's immense.

Hearing how the trauma of the abortion shaped your emotional topography has given me some new retrospective insight on our relationship. Not far into the story, I began to recognize

certain forms in this narrative as familiar shapes which had cast a shadow on our relationship. Back then the origin of those shadows was a mystery. You had offered me clues and fragmentary anecdotes along the way, but never enough to comprehend it deeply.

You have demonstrated so much love and compassion toward your younger self; tenderness for your boyfriend; understanding for your parents'; and feeling for this unborn child. I appreciated your point about avoiding the redemption narrative, and not explaining away the abortion as a necessary sacrifice for other futures. So much of the pragmatic discourse around pro-choice tends to oversimplify these decisions.

I listened to it without stopping. At a crosswalk, I was so absorbed in the narrative that I almost walked into traffic on Fulton.

To say the least, your story moved me. It's a very courageous, dramatic, and vulnerable exposition and quite eloquent. It's powerful storytelling. Maybe our history and my knowledge of you makes it easier for me to slip into the space that your words create and fill in the gaps. I appreciated the fact that you allowed for digressions. You included all the necessary background information, while pausing to contemplate richly symbolic moments: the flashlight that exposed you and your boyfriend fooling around at boarding school, your waist-length hair which you opted to cut short to attract his attention, the burnt skeleton of a colonial house you saw on the way to the clinic for the procedure, the man who hugged you and cried during the Buddhist ritual noting that you are the same age his unborn child would have been. These moments of uncanniness conjure ineffable feelings beyond words.

After listening to this, I do have a better understanding of our time together, the complicated yearning and the void of a loss that I witnessed in you. While I wish you could have

told me this story earlier, so that I could have had more compassion for what you experienced, the unfortunate truth is that my 24 year old self hadn't yet experienced enough love and loss in his own life to fully receive the meaning of your story.

Thank you, Katherine, then and now.

Jonathan

Chapter 4

Coming to autoethnography/narrative

I story my life to make it hold still, to hold on. My stories place me with others under the spotlight, exposed. An acquaintance, after reading some of my work, asked: 'How can you write all that stuff about yourself?' I took her question to mean how could I disclose the intimate details of my life. My first reaction was one of surprise: I did not realize that I was being overly disclosive. I shared what I would have with anyone who might be interested. Then, I thought: I share what it means for me to be human in the hope that by writing my life, others might find a place of resonance or resistance.

Perhaps, however her question was an ethical one: how could you implicate others as you wrote about yourself? In my defense I would simply say: I am nothing more than my interactions with others. To write is to name others, to bring history forward. To listen, as I write, is my ethical burden. My task is to remember what Russell (2009) learned on pilgrimage: 'compassion is the only healing power we truly possess' (p. 601). Perhaps, then, I might write with sensitivity, with an invitational ear. (Ron Pelias, 2011, pp. 49-50)

My coming to autoethnography is a personal journey, as it often is, which shakes up the foundations of method and why we choose what we choose as researchers. We have our hermeneutical lenses, which might draw us more or less to phenomenology, or narrative, or grounded theory. We have our comfort zones, in terms of what knowledge is reliable, how it needs to be presented, verified, supported by other's work and claims. Sometimes something happens which turns it all upside down on its head and you realize you are at a point in your scholarship where deduction is an extremely small part of what you are doing and, really, you are creating worlds in front of you, weaving the threads that trail from those other worlds behind you into this new landscape.

When it comes to abortion, as a reader, I disregard most accounts if the author has not revealed that they have personally experienced this themselves.⁴⁹ I knew there was an opportunity to contribute something important to pastoral theology with a first-person account. When I decided this was going to be my dissertation topic, I had virtually never spoken about my abortion of twenty years prior with my family (really, with anyone). As it came up in my clinical training and individual psychotherapy as something I was processing and grieving, I realized I would need to talk to my parents and the father of my unborn child, those closest to that experience. I thought they would be central to my autoethnographic method, and that conversations with them would allow us to heal any wounds that remained interpersonally around this event. But I had to start by asking them if they would even be willing to do such a thing and, then, of course we started getting into the whole experience.

Very unexpectedly, and not long after, I became pregnant again. My priorities in terms of process shifted. I didn't fully realize this until my son was born but, once I did, I felt that a lot of the healing had already happened and perhaps I didn't have the same emotional commitment to the project as I had originally conceived it. I thought about how pivotal sharing my story with Melissa Madera, founder of *The Abortion Diary* podcast, had been and how the kind of listening she offered was similar to what we do in spiritual care, and there was new life given to my work

⁴⁹ As an author, I exclusively use "they" in a singular sense, when referring to a generic individual, or someone whose gender is otherwise unspecified. This is so as a) to be as inclusive as possible, b) to help normalize the usage of the singular "they" which many transgender, agender, intersex, and non-binary people prefer, and c) because I find it to be a more honest and graceful use of language than alternating between or combining (s/he) gendered pronouns. In this particular instance, while many would assume if I am referring to someone having an abortion, that person must in fact be a "she," we know that people who identify as men (or other) can become pregnant and are, in fact, now having children in some instances. There are far more instances in this dissertation of me referring to women or the woman in relation to pregnancy and abortion, but I do think it's important to acknowledge there are other gendered experiences of both reproductive events.

as I thought about talking to other women who shared some of my particular characteristics — women similar in age who have no children, or who have delayed childbearing, who also had adolescent abortions.

From my first unit of CPE, I was keenly aware of the complex issues surrounding the power dynamics in each spiritual care relationship and encounter. Fortunately, my supervisor, a Korean immigrant, was supportive of my exploring boundaries in one particular relationship with a patient, a young man who was also an Asian immigrant, that brought up a lot of longing for equality on my part. When I began to learn about qualitative research methods, the same questions around roles and boundaries arose for me in regard to the research relationship. So, it is not surprising that I was ultimately drawn to autoethnography and to collaborative research practices more generally. I had appreciated the case study that was used widely in pastoral care training, but there was something problematic for me in “telling stories” for others. As a white, straight woman with an upper-middle-class background, I was all the more aware of the power and privilege inherent in my being in a caregiver or researcher role, especially with Black and brown folks. Initially, it was reading Carolyn Ellis’s self-critical work around her dissertation research methods, “Emotional and Ethical Quagmires in Returning to the Field,” (1995) that led me to the greater body of work spurred by her reflections and revisions and which, along with the work of her husband Art Bochner, ultimately inspired a generation of autoethnographers. All of this helped me to understand my own research ethic and relational commitments.

Definitional ceremony and outsider witness practice

Another significant influence in my research approach is narrative therapy as originally articulated by Michael White and David Epston (1990), from which narrative approaches in pastoral theology draw deeply. One of the key concepts in narrative therapy that reflects the mutuality discussed in previous chapters—what could also be called consultative, co-research, or a not knowing stance—are alternately referred to as reflecting teams (Andersen, 1987; Andersen & Katz, 1991) or outsider witness groups (White, 1995, 2000). Both credit the anthropological work of Barbara Myerhoff (1982) and specifically the term “definitional ceremony,” which she used to describe practices of the elderly Jewish residents of Venice, CA, who were the subject of her study. As a collaborative ritual honoring previously silenced stories, definitional ceremony can provide a forum for co-research in the context of spiritual care and counseling (Helsel, 2014). White (2000) describes the definitional ceremony as follows:⁵⁰

The definitional ceremony metaphor guides the structuring of forums in which certain persons have the opportunity to engage in a telling of some of the significant stories of their lives – stories that, in one way or another, are relevant to matters of personal and relational identity. Also present in this forum is an audience or ‘outsider-witness’ group. The members of this group listen carefully to the stories told, and ready themselves to engage in a retelling of what they have heard. When the time is right, positions are switched – the persons whose lives are at the centre of the definitional ceremony form an audience to the retellings of the outsider-witness group. These retellings encapsulate aspects of the original telling. But more than this – the retellings of the outsider-witness group routinely exceed the boundaries of the original telling in significant ways, in ways that contribute to the rich description of the personal and relational identities of the persons whose lives are at the centre of the ceremony. In part, these retellings achieve this through the linking of the stories of the lives of these persons with the stories of the lives of others, around shared themes, values, purposes and commitments.

⁵⁰ I include the description in full because it is aligned with the values and intentions underlying the approach I took in the conversations I had with my research collaborators, and in the way that I am writing for you, my readers, and because it informs the CPE practice of story theology, which I describe in the next section.

After these retellings, the members of the outsider-witness group step back into the audience position, and the persons whose lives are at the centre of the ceremony have the opportunity to speak of what they have heard. At this time these persons are engaged in the second of the retellings; that is, in retellings of the retellings of the outsider-witness group. In these forums, there can be other levels of outsider-witness participation, and further retellings of retellings.

The definitional ceremony metaphor guides the structuring of tellings and retellings of the stories of people's lives in uniquely convened social arenas. Within the context of these ceremonies, these tellings, retellings, and retellings of retellings are distinct. The achievement of these distinct tellings and retellings requires a disruption of dialogue across the interface between those in the audience position and those who are engaged in the tellings and retellings; that is, when the outsider-witness group is in the audience position, they are strictly in that position, and when the persons whose lives are at the centre of definitional ceremonies are in the audience position, they are strictly in that position. Conversation across this interface only occurs at the end of the ceremony, in the fourth and final stage. (pp. 5-6)

One of the more important features of the outsider-witness practice described here in the metaphor of the definitional ceremony, is the idea that when someone is in the audience, whether they are the original storyteller or not, they are in a purely listening role. It is only after the pure listening occurs that dialogue begins. Helsel (2014) describes the series of questions that outsider-witnesses respond to as follows: "Attention—what most caught your attention? Image—what metaphors dawned upon you as you heard this story? Resonance—what in your own life reverberated with these images? Transport—where were you taken by hearing this story that you wouldn't be if you had been doing something else right now?" (p. 72). Given this kind of shared reflection, definitional ceremonies are equally important for the researcher or therapist as they are for the client or co-researcher.

Also, the pure listening stance, one where our role is to reflect, and to do so from a place of emotional resonance, corrects to some degree for the power imbalance and for the subjectivities that caregivers have, allowing for deeper therapeutic potential. As narrative

therapist and pastoral theologian Christie Cozad Neuger describes it, “Using outsider witnesses in the consultation process de-centers the consultant by broadening the voices in the room, although the consultant carefully monitors the process to make sure that the outsider witnesses stick to the process of acknowledgment and retelling rather than evaluation or advice-giving” (2015, p. 22). Of course, the same could be said in relational research.

What was happening in 2014

Story theology

Story theology (Burbank, 1987) is a storytelling and listening exercise used in clinical pastoral education. It helps to develop chaplain students’ ability to reflect on the ways in which they bring themselves into the caregiving encounter and on how they understand and interpret narratives and co-construct meaning. In story theology, the listeners focus on the feelings evoked by and any personal associations with the story, in addition to identifying the theological themes and meaning present in the narrative. Because story listeners reflect back the story to the storyteller, story theology aligns well with the concept of definitional ceremony and reflective team/outsider witness practices in narrative therapy.

CPE Supervisor and Quaker, Beth Burbank, who introduced this narrative pedagogy to the CPE curriculum, said she came to it after becoming dissatisfied with observation and critique of worship services as a primary teaching tool in chaplaincy training in the 1980s. She writes, “I began to look for a way of reflecting theologically with students that, as a method, could be inclusive of all traditions” (1987, p. 149). She wanted both a more religiously and culturally plural, and an experience-based learning model. Given CPE’s living human document theoretical

orientation, and in having used life stories and vignettes for bonding in a CPE peer group already, Burbank realized that a seminar based on personal narratives would be consistent with the existing pedagogy while supporting deeper theological reflection in her students. She designed the seminar so that students would share both an “experience near” and an “experience far” story, one from their personal lives, and another from their clinical encounters—a patient's story.

As a CPE student (2012-2014), I learned a variation of story theology, which my own supervisor, Pamela Lazor, had developed based on the various forms of it she had encountered. Story theology requires a storyteller and at least one story listener. The storyteller should choose any story from their life that can be shared orally within 5 minutes or less. While the story is being told, the listeners attend completely to the narrative, without interrupting, asking for clarification, or otherwise impacting the way the story is told. When the storyteller has finished sharing their story, the listeners respond to the following questions:

- 1) What does the story bring up for you / how do you connect to the story personally?
- 2) How do you understand the story from your own worldview / theology?
- 3) What does the story tell you about the storyteller?

The questions are given in advance of the storytelling, and the listeners are asked to just keep them in mind as they listen. After the story has been told, each question is responded to by each listener before moving onto the next question.

It is important that the story listeners, when responding to the questions, speak in first person and draw from their practical knowledge—engaging in reflective practice—as opposed to a theoretical or analytic understanding of the story. Perhaps in some contrast to the outsider

witness practice of narrative therapy, built into the language of the questions is a requirement for the listeners to be interpretive (as we know, it is impossible for us to hear a story without some level of interpretation). The first two questions are particularly reflexive, and the third requires the listeners to make explicit their understanding of the storyteller based on the brief narrative they've just heard. This kind of self-disclosure and directly communicated assessment are not characteristic of most spiritual caregiving encounters. Since there are multiple listeners offering their interpretations in a shared space, there is a far more explicit collective meaning-making process occurring than would typically happen in a clinical or congregational context. The exercise helps to illustrate how the act of interpretation and assessment is happening all the time, though, and how it can serve as either a point of connection or disconnection for the storyteller and story listeners – how we are or aren't able to resonate or empathize with the life experiences of others. In collaborative fashion, in order to help uncover that part of the process, the storyteller should be given the opportunity to reflect back to the group how they feel about the interpretations once the listeners have responded to all the questions.

Burbank says that a main objective of story theology is “to develop an increased awareness of oneself as an experiential theologian and to help others become aware of themselves as experiential theologians.” She writes that

Story Theology points out the ways that Spirit is constantly being revealed in the continuing fiber and experience of our lives. We explore stories for their revelatory significance and discover universal truths out of the Holiness of every day life events. The telling of certain stories is a powerful action that can lead to forgiveness and healing. Understanding one's interpretation of a 'future story' (Lester, 1995) may lead from despair to hope. (personal communication, June 25, 2015)

Sharing narratives does not require any particular theological or caregiving expertise but rather taps into the existing wisdom that we have as people who use stories to create meaning. It is a valuable tool for learning about how to reflect on the caregiving experience, particularly in terms of how we are assessing what we hear, and how we are building relationship through the experience of sharing and listening to stories. This is theological reflection that anyone can do; though it depends on qualities such as vulnerability, curiosity, and a willingness to listen deeply, it does not require any particular expertise.⁵¹

At the 2015 Society for Pastoral Theology annual meeting, I learned from Episcopal priest, chaplain, and pastoral theologian Storm Swain that, as opposed to real-life experiences, she had encountered story theology in a more metaphorical format in her CPE training (personal communication, June 19, 2015). This approach would be closer to the kind of narrative traditions we sometimes find in medicine (e.g., Charon & Montello, 2002), or which pastoral theologian Carrie Doebling employs in *The Practice of Pastoral Care* (2015), where literature or film, as opposed to clinical or one's own personal experience, is used to explore theological or existential themes. I am, of course, more interested in the potential of personal narrative for spiritual care formation and research.

Out of all of the pedagogical tools used in CPE, and out of all of the peer-group based work I did during my chaplaincy training, story theology was by far the most meaningful.

Although there were other tools, including supervision, verbatims—a kind of storytelling in and

⁵¹ I have used a story theology exercise in a residential introductory pastoral care course while teaching spiritual assessment, and I have also used this exercise in consultation with a small religious organization in crisis to help them develop deep listening and healing relational skills. Feedback from both the seminary students and those we were consulting with was extremely positive, with the latter group implementing a version of story theology in their weekly meetings.

of itself—and visual autobiographical exercises (collage-based mid-unit evaluations) which were also powerful aspects of my learning, it was story theology that I could see inhabiting a distinct place in my own pedagogy and methodology as a practical and pastoral theologian. At this point, I was not familiar with narrative therapy or the metaphor of definitional ceremony, with autoethnography or collaborative research. But, my experience with story theology would play an important role in leading me to this dissertation project and these methods.

Learning about clinical ethics

I had worked in the hospital for a year already, completing 800 hours of clinical training there (and another 500 at a different hospital) as a chaplain before I began my specialization in clinical ethics. I had long been interested in moral issues and, as a theology student with a mixed religious heritage and a more secular bent, finding ways to explore ethical reflection outside of any particular religious doctrine was especially important to me. As CPE students we had been introduced to ethics in the hospital by way of a didactic seminar or two and also by being encouraged to attend monthly lectures on topics related to healthcare ethics. My most substantive introduction to what hospital ethicists do, however, came when I met privately with Stuart Finder, Director of the Center for Healthcare Ethics at Cedars-Sinai Medical Center, to discuss a troubling interaction I had witnessed between a physician and patient. I felt so challenged during the course of our conversation that I wanted to learn more, and I soon asked if I could work with Stuart when I began my next unit of CPE. He had not mentored a CPE student and a CPE student had not done an ethics specialization before in this program, so there was no particular model in

place for what we would be doing (and I really did not know what I was getting myself into!), though he had worked with graduate students in the clinical setting before.

At the outset of this training, entering into the unfamiliar space of the cardiac-surgical intensive care unit (ICU) and in the unfamiliar role of ethics student, I joined the medical teaching team's morning rounds. Acting primarily as an observer, I drew from the traditions of phenomenology and ethnography to try and understand what was going on and what was important given this new ethics role I was attempting to embody. Later in the day, I would talk with my mentors about my observations, and then do additional reflection in writing. Every other week I also had a chance to speak with my CPE supervisor about how the process was going. All in all, it was an intensely reflexive process that left me feeling very unsure of myself. In the early weeks, I felt completely incompetent, that the meetings with my mentors were like an inquisition, and that everything I'd been training for as a chaplain student was irrelevant to what I was doing. It was destabilizing to say the least but, not being one to give up easily, I carried on.

I worked hard to engage the pedagogy of my ethics mentors, and to make the most of this opportunity. I tried earnestly to put aside my "spiritual care hat," and embody the not knowing/beginner's mind stance when I tagged along on the critical care rounds, as I trusted very much the lineage from which Stuart and assistant director Virginia Bartlett came and the work they were doing. In the clinical ethics world, their approach was not the norm. Another local hospital gave a pager to ethics fellows their first day on the job, and these trainees were expected to immediately engage the work of clinical ethics consultation without the kind of cultural immersion and deep inquiry I was being asked to do. I'm glad that was not my experience.

I had some sense of what reflexivity referred to before I took on this clinical ethics specialization, but it had now become central to my lived experience as a researcher and student clinician. The danger then was that I would be hyper-aware to the point of not being natural at all, at least when I was doing this work that was still so new to me. On the few occasions I found myself exclusively in a chaplain role during this CPE unit, I did not experience this kind of self-consciousness but rather an enhanced ability to recognize the difference between my emotions and the emotions of the care receiver, and the ways my own life experience and identity aspects shaped how I was listening to and evoking the stories being told to me and my responses to them. Adams, Holman Jones, and Ellis describe the reflexivity that autoethnographers employ as “both acknowledging and critiquing our place and privilege in society and using the stories we tell to break long-held silences on power, relationships, cultural taboos, and forgotten and/or suppressed experiences” (2015, p. 105). Investigating privilege and power is not an easy thing to do, and with the persistent questioning of my assumptions, interpretations, reflections, and interactions that were required of me by my mentors, and deeply suppressed emotions I had around the abortion that began to bubble up in the midst of it, I was in many ways feeling despair. Fortunately, that despair would transform itself by the end of the CPE unit.

Abortion grief work

As a hospital chaplain, it was not uncommon for patients to share things that had been weighing on them. Secrets. Pained relationships. Feelings of failure. Fear. Long-held grief. As I advanced in my training in clinical pastoral education, these same sorts of things were emerging out of my psycho-spiritual depths and were becoming more and more difficult to ignore. Perhaps the most

significant life experience that I had hidden from my peers and supervisors, having had an abortion at age 17, would eventually become a central tenet of my spiritual, practical, and academic formation. In my third unit of CPE, I remember the subject of abortion came up, and a Catholic peer of mine expressed traditional anti-abortion views in the group context which made it nearly impossible for me to share anything about my own experience with abortion, even though it was becoming something I felt I needed to disclose. It wouldn't be until the next fall, in my fourth and final unit of CPE, after I had already initiated my own process of grieving this decades-old loss, and within the context of my clinical ethics mentorship, that I would finally be comfortable talking about my abortion in the peer group.

Chris Poulos writes: "The power of story trumps the power of the secret and the ethical move for the researcher of human social life is to tell the story in ways that will move us toward healing" (2008, p. 112). I think these words deserve multiple readings. Stories are more powerful, and more ethical, than keeping secrets. Let that sink in.

When do you share a story of "choosing" to end a pregnancy? When is it ever an appropriate time to do that? In a CPE peer-group? In my own experience, only after doing intense personal work, as well as establishing relational safety, since it is not uncommon in this mixed theological context for some people to have strong anti-abortion views. In a pregnancy loss support group? Probably only if it has been expressly included in the flyer as one of the forms of loss a woman might be experiencing. When people are arguing the politics of abortion and you would like them to consider an experiential account? The stakes are pretty high in that context. In a personal therapy session? Perhaps, but only if the therapist is attuned to how abortion might figure in a person's life story, or if there are difficult emotions being experienced

acutely. To a pastor or other religious professional? Perhaps not all that likely. In an all-women book group where abortion is an included reproductive experience in the book that is read (see Cockrill and Biggs, 2017)? To another woman who has shared her own abortion story? Yes, perhaps then. But, still, only if there is a sense of safety, non-judgment, and bearing witness offered by the listener.⁵²

So, abortion, is usually left secret to the large majority of one's friends and family. And that secrecy eats away at the person who is withholding some part of their authentic self. She feels bad, dirty, stupid, murderous, un-nurturing, alone. She feels stigmatized.⁵³ This, more than the abortion procedure itself, has extraordinary harming potential.

After making a life-changing decision to do a six-month long Buddhist meditation retreat in 2009, followed by years of self-retreat, contemplative practice, and spiritual training as a hospice volunteer, which then led to a major professional change and the beginning of my academic career in practical theology and clinical chaplaincy training, I finally began to process these feelings in the spring of 2014, exactly twenty years after I had the abortion.

This grief work included a funeral ritual (Jpn: *mizuko kuyo*) for my unborn child, a conversation that would become part of a radio piece on the *mizuko kuyo* phenomenon in America (Prichep, 2015), and a longer narrative which I shared with an oral historian collecting and publishing abortion stories online (Madera, 2015) (see Appendix 2 for full description of the ritual, as I narrated it in the podcast). A particularly large part of my healing process around the

⁵² Autoethnography is one way of doing this: through self-revelation, I become trustworthy. The ritual context of definitional ceremonies, and the work of outsider witnesses accomplish this too by the witnesses reflecting on what they've listened to, not from a diagnostic or expert position, but from a place of sharing how a story personally resonates for them.

⁵³ By using the pronoun "she" here I am really speaking of my own experience but feel a need to distance myself as a narrator. I used this same mechanism in the opening paragraph of the dissertation.

decades-long grief and shame I had around this experience came through the act of telling my story to Melissa Madera, the abortion diarist. She was not trained as a social worker, chaplain, or caregiver. She was not even a qualitative researcher per se. A historian, she learned, in many ways, how to listen fully and compassionately by telling her own story and not having it be heard in the way she needed. Her work and her method captivated me, and we began a regular personal and professional conversation from that point forward. Melissa is now one of my conversation partners in the project I engage through my dissertation, that of listening to others' abortion stories, and of being in dialogue in a way that I can more fully understand my own experience.

A confluence

It was the interaction between the spiritual direction provided through the therapeutic relationship with my supervisor and the structured curriculum of CPE — particularly the mid-unit evaluation collage, as well as doing a genogram⁵⁴ for the first time — and the intense observation, inquiry, dialogue, writing, and reflection of the clinical ethics work I was doing that brought on the autoethnographic gaze for me. Though I wouldn't have articulated it as such at the time, since I had had limited exposure to autoethnography as a method, having read only paragraphs about it during a qualitative research methods course and, some time later, a 2011 article by Andrea Frolic, an anthropology-trained clinical ethicist, in which she uses autoethnographic elements and argues for its place in this work along with feminist approaches,

⁵⁴ A genogram is a family tree highlighting relationships, illnesses, losses, etc. And, in my case, it brought into focus “narrative inheritance” (Goodall, 2012) of two phenomenon shrouded in secrecy: infidelity and abortion.

phenomenology (as exemplified by clinical ethicist Richard Zaner, from whence my mentors came), and a “naturalized bioethics” (Lindemann & Walker, 2009).

It was also something about the trauma of encountering a pedagogy stemming from analytic philosophy, which felt hard and masculine to me, and so different from the CPE pedagogy I loved—for its understanding of how much the affective dimension matters—and of feeling so far away from myself, of somehow feeling I had no or little agency over my experience and my life unfolding. In trying to understand what was happening to cause this response, it seemed to be connected to the trauma of having had an abortion as such a young woman, when—as I remembered it now—I wanted more than anything to bring that child into the world. Of feeling so unsupported, as if my knowing, my wisdom was not respected or trusted by those in my life who were ultimately deciding my fate.

I don’t think I would have necessarily had this kind of response at another point in time, but because for several months before beginning my clinical ethics training I had been actively working to process the disenfranchised grief (Doka, 1989, 2002) of my abortion, it was very present in my consciousness and deeper aspects of it were continually emerging. These efforts, my clinical training, and narrative and EMDR⁵⁵ therapy that I was doing independent of my program, brought to light how deeply this particular story had shaped my identity over the preceding two decades and how significantly it had shaped me in a spiritual way. As I began to feel into the reality (by way of my embodied memories of it) of that adolescent experience, I was able to put into perspective how my response to this new pedagogy was embedded in a particular story of who I was, and what I needed in order to authentically be myself.

⁵⁵ Eye Movement Desensitization and Reprocessing (EMDR) therapy is a somatic and integrative psychotherapy approach that has been successful as a treatment for trauma. See <http://www.emdria.org>

Carolyn Ellis (1995) writes, “In the same way we decide how to conduct fieldwork by thinking about how we conduct the rest of our lives, we can learn about the rest of our lives by examining how we act and think in fieldwork settings. Reflexivity, as Richardson (1992, p. 108) says, can ‘help us shape “better” ethnographies and better lives for ourselves and those who teach us about their lives’” (p. 89-91). The deep inner work that the parallel processes (the abortion grief work and rigorous clinical ethics training in the context of CPE) engendered gave reflexivity an entirely new meaning to me as a researcher and clinician in formation and began to raise important questions that would shape my future scholarship.

A significant moment came when my ethics mentors questioned me about assuming a spiritual care role when I had entered a patient’s room in the researcher/ethics student role. I was confident that I had done the right thing, according to my own hierarchy of values, and if somehow compromising the integrity of my research was the cost of entering into compassionate, caring, mutual relationship, I was willing to pay it. They were questioning me as they always had, but I wasn’t feeling broken down by it. I felt secure and grounded in who I was, in my values and convictions, and in the way I was being in the world. It felt like I was finally coming out of a long and painful initiation process. Again, Ellis’s words resonate deeply with my experience: “With the lack of dual roles comes an unfamiliar feeling of authenticity. My compartmentalization of roles finally has broken down and I am ‘myself’ in this community, simultaneously experiencing self and relationships in all the complexity and ambiguity that authenticity is supposed to entail” (1995, p. 81). Suddenly, coming to this place of authenticity and integration felt like what everything that had come before was in the service of.

After the mid-unit evaluation and with the insight and understanding the collage opened for me, I came into more of a mutual relationship with Stuart. Encouraging me, he spoke to me of taking responsibility—an important theme and value in his work—for my (life) role. He spoke to me of how I am uniquely positioned to shape the future of chaplaincy and I finally felt my knowledge and particular skill set were valued and respected. This change in our relationship was a significant shift in my learning. Allowing myself to be more authentic in the relationship could then translate into my other relationships and into the new roles I had taken on, as both ethics student and novice researcher. As the concerns that arose for me through this process so clearly attest, authenticity is an essential relational quality for me as a human being, clinician, researcher, and writer. How do we realize authenticity in the midst of new and unfamiliar surroundings, relationships that take time to build trust, and when different aspects of ourselves are called upon in different settings? How do we achieve a sense of integration?

The internal training I was engaging in, which was not new in and of itself, but was new in its format and method, brought up questions about what kind of researcher I want to be, how I would engage my research subjects, what methods could meet my own ethical standards for entering into the interior lives of others. It also provided insight into a particular kind of teaching and learning, a clinical supervisory model, descriptions of which I had never encountered in my coursework or my reading. I began to understand that my own experience was a rich opportunity for research and writing, and I began to gain confidence in the unique contributions I had to offer, and in the path that I was going down, as murky as it might have still seemed.

Stuart asked me to speak with Pam, my CPE supervisor, about whether or not the kinds of questions that this experience was raising for me were in fact the point of this training.

Though I felt they were unique to me being a doctoral student, and me being *me*, the depth of inquiry involved was certainly central to the CPE pedagogy. Clearly, it had something to do with this clinical ethics tradition that I had stumbled upon as well.

I remember one conversation with Stuart in particular, in which we discussed the kinds of questions around research approaches that were coming up, and he jumped up to make a photocopy of an article he thought would be important for me to read. Neither one of us could have known the impact it would have. As he searched his file drawer, I remember him telling me about the author being a “maverick” and someone who had really shaken up her field. I was intrigued already.

Reading, “Emotional and Ethical Quagmires in Returning to the Field” by Carolyn Ellis (1995), I was startled that, at that point, as someone with so little qualitative research experience, the concerns raised by this seasoned researcher resonated so much with my own. Ellis explains that in her early fieldwork she did not handle “the messy interpersonal situations” well; that her participants forgot that she was even there to do research (she neglected to remind them) and thought of her as a friend, though she did not respond directly when asked about her personal life; and that she never considered sharing her written reflections with her participants—in other words, there was no mutuality in the research relationship. It was clear this was not how I wanted to do things.

Ellis (1995) quotes Laurel Richardson (1992) as raising the question, “how to do sociological research and how to write it so that the people who teach me about their lives are honored and empowered, even if they and I see their worlds differently” (p. 69). She asks about how to heighten self-awareness as a researcher and says she has “begun to sift through [her] 'own

garbage' (Richardson, 1992) and to 'work the hyphen' (Fine, 1994) so as to sensitize [herself] and other fieldworkers to the dangers of writing about subjects as 'Others' (see also Brown, 1992; Lincoln and Denzin, 1994; Sampson, 1993)" (p. 86). Her approach seems to belong to the tradition of critical theory and postcolonialism in its recognition of the harm in "othering" and the need to be vulnerable as researchers, to honor the messiness, ambiguity, and not-knowing inherent in researching lives (all the more so when researching the inner life).

I was engaged with the way that Ellis had exposed her own learning, and I felt passionate about the questions it raised around relational ethics. I was filled with creative energy, deeply wanting to engage in inquiry about my own research approach. As my recent experience doing a small research study in the clinical context had raised for me, I was wrestling with questions such as in what role research is performed in the clinical context (as student, chaplain, consultant?) and how do we navigate multiple roles in the process of conducting research? When skills may be overlapping, but roles are not, what and where are the boundaries of a particular role? What is my responsibility to myself, to others, to the role, if other needs (calling on the secondary role) arise in an encounter? As a spiritual care provider, will I always foreground the values of compassion and care even if this means demoting my research "agenda"?

These initial questions would be at the heart of my methodological commitments as I engaged in conversations with my parents and other women for the dissertation, and in framing my research question and wondering if autoethnography could allow for spiritual caregivers to conduct research in ways that could privilege exactly what it is that we are best at. In retrospect, I can see that the period of confusion and heartache I went through in my last unit of CPE and in my clinical ethics training was some of the most important learning of my life, and that in many

ways, while Stuart would not have called it that, I was being deeply initiated into the work of autoethnography and narrative inquiry. Far more than just academic, this learning was integrative, and it challenged me to unearth the deeper longings that would bring me to that place of generativity that could provide direction for my scholarship.

Would I have found my way if it weren't for that one article I read by Carolyn Ellis? Would I have had such an experience if I hadn't so consciously entered into a process of personal grief work at that time? Would it have occurred had it not been for the particular interplay of the two clinical pedagogies I encountered? Or how I was impacted by working with a narrative therapist, engaging in story theology, and recording my abortion story for a podcast? I don't know, but it certainly seems like all of these factors had an important role to play in my coming to a place of clarity around the kind of work I want to do and how I want to contribute as an academic. I can confidently say that this learning would not have occurred in a traditional classroom setting, and it underscores the importance of clinical training for professional work that is so fundamentally relational, and for academic work that attempts to contribute theory around those practices. It is also a strong argument for PhD students having the opportunity to engage in pilot research projects, and/or to do field work in the clinical context, and/or to write autoethnographically in the midst of clinical learning, in order to understand better the methodologies appropriate to their subject matter, and to their heart's longing.

The beginnings of an autoethnographic/narrative dissertation

When I was eight months pregnant, I sat for two qualifying exams and orally defended them and the three papers I had written in the preceding months. When the baby came, I understandably hit

the pause button on my PhD work. It was very hard to come out of the cocoon of parenting an infant and start work on this dissertation project, and I try and narratively show that process of coming back to the intellectual work and to finding my voice in this next section.

Who am I now?

Today I'm taking the most legitimate steps toward re-engaging my intellectual and academic self since my son was born 18 months ago. I've been working in fits and starts since January (it's now October) and I really want to get some momentum. It is incredible how supportive it is to be on an academic campus again. This is not my small and run-down theology campus but the sprawling campus of the University of Southern California. I spent some hours this morning in the central library, in a quintessential reference room lined with long conference tables and studious people on laptops. I'm now typing in the open air, at a folding table, in a folding chair, under a white umbrella. Tables line the boulevard and there are others like me who have chosen to inhabit an outdoor work station, but not many in this busy thoroughfare. As I walk around, I see that they have found nooks, under columns and sculptures, on benches and stone walls. They are younger than I am and can eschew comfort, apparently. Across from me are two exquisite fig trees, the namesake of the farm-to-table restaurant below them. To my right is a bubbling fountain. Undergrads skate by on their boards, people walking up and down this pedestrian walkway that cuts through the middle of the campus. I bask for a moment in the incredible privilege that comes with living in Southern California and being able to have access to an environment like this to work in. A light rail train rolls by a few blocks to my left, which will take me back to my baby when I've put in a few more hours here. Writing, reflecting, reading, writing.

I don't know why I never expected the identity shift that comes with becoming a mother and having a thoroughly dependent being whose care you are responsible for. People have been mothering for a long time, but nobody really let me in on that. Birth is a kind of death, that's for sure. And, in this past year and a half I have been being reborn. Perhaps, too, finding out how to recover some of my previous self. Walking around without my baby, I feel a contradiction. It's as if I'm missing a limb, but also like I am my old single, child-free self. People see me differently. I can feel it. The UPS delivery guy just stopped to hit on me. I mentioned that I had a toddler and he said, "No!" and "But you're still with your honey, right?" It's amazing how quickly a stranger can get to your marital or relationship status. I suppose it's a way of making clear one's intentions early on, but it also feels like an incredible invasion of privacy. Especially in my case.

I think of how the generation of women academics before me are much less often mothers. Perhaps academe was once thought of more as an alternative to motherhood. Now, especially those of us who are getting our PhDs later in life, struggle to do both, often just before those last years of fertility run out. Intellectualism and the "mommy brain," a legitimate, hormonally-activated, virtual takeover of one's cognitive functions, so as to focus on the essentials of childcare, are largely incompatible. No wonder this is not what most "choose" to do even now.

I put "choose" in scare quotes because I am skeptical of this idea of choice in life planning when the options are so circumscribed by the embodied experience of pregnancy, birth, and child rearing. One might choose sterilization, or not to engage in heterosexual relations, but that is an entirely different philosophical argument I can't entertain since it is far outside of my experience.

Who am I now? And can this process of writing help me to figure it out? What does the me that had an abortion at 17 have to do with all of this? How can I tell that story without talking about my other reproductive experiences? Should the literature and conversation around pregnancy loss really be so separate from that of abortion? I know the answer to some of these questions. But, how do I tell my story and make a case for it as a defensible argument, not just a personal perspective? Will men read my narrative differently from women, or even read it at all? Those who are child-free differently from those who are mothers? Will it still resonate?

I get stuck

Some months later, I realize I still don't have the momentum I need to write this dissertation. The isolation I feel is immense. I am not a library academic. I am someone who thrives in the clinical context, who learns best in relationship with others, who craves dialogue and intellectual friendship, of which there is very little during this stage of my career. I have been first and foremost a parent over the bulk of the past two years, thinking of breastfeeding and first-language acquisition and focused on the massive amount of physical and emotional labor required to care for a young person, and it's been three years since I regularly saw any of my faculty or colleagues, and since I finished up my CPE and ethics work in the hospital. I am thankful for the opportunity to be in dialogue with my collaborators when we are, and with my parents when we are. It's not enough, but it's where the magic happens nonetheless. I remind myself that, though I'm alone now, as I type these words, *you* will be reading them, and they are for you as much as me. This is a conversation of sorts.

Trying to tell my story

“Have you written your story yet?,” Barbara Jago, the narrative expert on my dissertation committee, asks. I don’t know what to say. *My story*? What does that even mean? It would be nice and neat if there were *a story*, a singular story to tell. But there are stories upon stories. Stories buried or obscured by stories that have bullied their way to the front; stories in black and white crowding out stories that reflect the ambiguity, complexity, and malleability of perception and memory. Nuance is inconvenient; it requires critical analysis from us as well as those we are communicating with. I have too many stories to tell.

Our biographies are written by many, but we act as if they are ours alone. Can I possibly even write my story in isolation? I suppose I can start there. Knowing full well that it will morph into something else as I talk about it, as I hear your version, as I determine what’s mine and what’s ours to tell. But when does it start? My story? It’s not easy to decide that even.

When Melissa recorded me for *The Abortion Diary* (Madera, 2015), it was the first time I had ever told my abortion story. It was unplanned, unrehearsed and, yet, it had quickly become totally urgent for me. As I began to speak, the story that emerged was largely one of young love, lost innocence, heartbreak, and rebellion. I could not tell my story without providing the larger context. The abortion itself was hazy anyway, having occurred twenty years earlier. Many themes wove their way in and out of the story I told that November morning, but the one that Melissa grabbed as the title for the podcast episode was “there was a lot of shame around it.”

In addition to shame, remorse, sadness, loss, and ambiguous grief—related to a story of redemption that gave me peace at the time of my abortion, but which created a greater sense of loss for me as I began to stare down the end of my fertile years—circulated through my story.

They were all deeply spiritual themes. How many women who experienced abortion also had a range of emotions, and a difficult time processing them since the loss itself was something experienced in privacy if not total secrecy? In fact, it was a loss that from my perspective was not culturally acknowledged at all.⁵⁶ What could storytelling and story listening offer others who had experienced abortion? And was there something unique to having this experience as an adolescent? Melissa and I were both 17 when we had our abortions.

What you learn as you tell a story orally like this is that we are natural storytellers. But, we so rarely, especially if we've been in the academy a long time, share narratives that are meant to engage the reader like we would when we know someone is listening. Why is that? As a spiritual care provider, so much of my work takes place in the act of listening to personal narratives. Why would I not have more experience crafting my own?

Is the story I tell now the same story I told then? Clearly not. It will never be the same story twice. It shifts as new life experience is layered onto our memories, as we talk about it with others and they share their own memories with us, as we reflect further. Five months into deciding that my dissertation would be autoethnographic and would explore my experience of abortion as a teenager, I unexpectedly became pregnant. It was a truly incredible turn of events which brought the specter of abortion even nearer to me, since the other party did not welcome

⁵⁶ Because elective abortion is considered to be freely chosen, it typically is not considered a loss in the same way a miscarriage (the ending of a *wanted* pregnancy) is. One way that this is reflected is in how the literature around pregnancy loss rarely includes space for abortion. This bias was also made apparent to me when I spoke about my experience with the *mizuko kuyo*, a Japanese funeral ritual that does *not* distinguish between spontaneous and elective abortions, and it was so similar to how another woman described her experience with miscarriage, and NPR responded to the reporter's story critically and almost didn't run it as a result. This lack of cultural recognition for the loss that can attend abortion is also an example of disenfranchised grief (Doka, 1989, 2002).

the pregnancy, and, I, whether out of fear or trying to protect myself from potential loss, felt ambivalent and did not attach to the pregnancy for some time after discovering it.

In the end, though, how I thought about the earlier life experience changed as soon as I realized I had a viable pregnancy and that I had the opportunity to become a mother after all. Once my son was born, it changed even more dramatically. I think I had the abortion on April 9th, 1994. Could it really be true? My son was due at the end of March, but I didn't go into labor until almost two weeks past the due date, on April 8th. I labored throughout the next day and he was finally born on April 10th. Twenty-two years later. Sometimes I say that my son is my extreme rainbow baby (a rainbow baby is one who comes after a sequence of pregnancy losses). Others would refer to him as my spirit baby—the same baby waiting for the right time to be born. After he came, for some time it was like I had amnesia of a sort, and I could not in any real way access the feelings I had before the pregnancy and birth. However, a subsequent pregnancy, and then miscarriage, has allowed me to relive the painful experience of ambivalence and moral decision-making that arise when the conditions are not ideal for a pregnancy, and it brings me much closer to the experience of abortion I had as a 17 year-old. Still, the story I tell now is one that I tell as a mother experiencing the joy of a near three year-old, not necessarily one of being a bereaved mother for two decades.

My abortion story is a dramatic coming-of-age story. It is much more than the experience of pregnancy loss and abortion. In ways seen and unseen, it has shaped who I am. I want to know why that is. I have my theories. Perhaps if I talk with some other women who also delayed childbearing after teenage pregnancies, I will learn something new about it, something that can transform and expand the impact it's had on me, and hopefully be a gift to others in the process.

When I talk to my parents, they tell the story as one that is fundamentally about a wound in the relationship between me and them. My mother layers that with guilt and blame for her role in the abortion, grief over the loss of relationship with a potential grandchild, and the overall moral weight of having participated in the harm that was done. I'm pretty sure it's also played a significant role in my difficulties with intimate relationships throughout my life.

Reading through the transcripts of the conversations with my parents, I wish that we would have been able to have similar conversations at the time of my seventeen year-old pregnancy. In my various cases of unplanned pregnancy, I have learned that the decision to continue or terminate is a deeply moral one that requires intense ethical and spiritual reflection. However, this is not necessarily possible when emotions run high, or when it feels like the decision must be made immediately, and it is perhaps inconceivable for such a young person to do to begin with. But, had there been someone to help facilitate that decision-making process for us as a family, I think that I might have come away from the abortion with very different lingering emotions.

Even though I felt that I was to a large degree pressured into having an abortion, because I did not feel that anyone would support me in making a different decision, I was the equivalent of 11 weeks pregnant when I had the procedure—meaning that I had a lot of time to process what was happening and to come to some sort of peace with the outcome even if it wasn't really what I wanted. I experienced what you might call anticipatory grief leading up to the abortion. This is in stark contrast to two of my collaborators, for whom the decision was unilaterally made for them immediately after confirming the pregnancy, and where it was something that *happened to them* as opposed to something that they actively participated in and had some voice in. Their

stories in particular cause me anguish because it is the feeling of a lack of agency—of it really being a non-choice—that I believe caused the greatest harm to me. And the grief around the loss itself. For others, the pain comes largely from the silence and the secrecy, and the related shame and self-judgment.

Have you ever considered what it's like to be 16, 17, or 18 years old and to find yourself pregnant? Have you thought about what the impact of contemplating and/or having an abortion might have on such a young person? What having to engage in a life or death decision like that might do? I had this happen to me and, yet, it took decades for me to really think about it. There was no invitation, no space, no support system for me to do it sooner than that. That in and of itself is one of the most telling aspects of what it's like to be an adolescent in the United States, becoming pregnant and having an abortion. The shroud of secrecy around this common experience (an estimated one in four American women will have had at least one abortion by the time she is 45, based on 2014 statistics (Jones & Jerman, 2017)) is oppressive.

Growing up, there were indications that these things happened. My godparents had a child with cystic fibrosis, and rather than risk bringing another person into the world with such a diagnosis, they adopted a baby when he was four-months old. We knew only that the woman who surrendered him was very young. Somewhere along the line, I learned that one of my mother's sisters became pregnant when she was a teenager. She quickly married, and the pregnancy resulted in my oldest cousin. Many years later my mother recalled my grandmother saying she felt she should have been wearing black on the wedding day. When I was a young teen another cousin got pregnant and became a single parent just before her 17th birthday. The only other teenage pregnancy I was aware of was a classmate I had in boarding school who,

before she transferred for her senior year, placed a baby for adoption. The adoption was open and she received photo updates and periodic letters from the adoptive parents. As I recall, though she did talk about the child, she was pretty messed up. I never heard about any of the boys or men in my life having children young. And I *never* heard about anyone having an abortion. The only things that were discussed, generally, were those that had visible signs. The rest was kept locked behind closed doors.

So, when I found myself pregnant at 17 it seemed natural for me to consider having the baby. Somehow I knew that adoption was completely out of the question for me emotionally. Now, having carried a pregnancy to term and having birthed a child, I know without a shred of doubt that I could never have surrendered my baby to someone else. Why abortion was the only thing anyone else really considered in my support network—my parents, my boyfriend and his mother, and any other people aware of the situation—is an interesting thing to consider from the perspective of family, class, and culture. What meaning does reproductive justice and procreative choice have if the options are so circumscribed? How can we talk about the rights of women (especially when there are those who argue for the rights of the unborn, over and above those of the living) when there is clearly nothing resembling equality when it comes to conceiving, gestating, birthing, and rearing children? When boys and men can conveniently take no responsibility for their part in a potential life's creation? When families, in many cases, and the larger community do little to support a woman in the arduous task of raising and providing for young children? With the ways that women are penalized in their professional lives when they do become mothers? When I think about it now, there is rage associated with what happened to me. Forget the shame. Of course, the grief comes and goes. But the burning anger at this grave

injustice won't go away and it now compels me to write twenty-five years later, and to investigate the power of autoethnography for practical theology through this particular stigmatized experience of mine.

I am telling my story right here, right now, and that too is part of my method. In full, it is autoethnographic and it is narrative and, in the process, the question I am asking is, what do autoethnography and narrative inquiry have to offer to practical and pastoral theology, and to spiritual caregivers more generally?

Trying to tell my story ... continued

There's nothing chronological in this story. My mind jumps from one era to the next, memory to memory, joy to heartache, then to now. I've been pregnant four times. I'm reminded nearly every time I speak to a healthcare professional and they ask the dreaded series of questions: "How many pregnancies; how many children?" Once when I was 17, which ended in abortion. Once when I was 20, which ended in an imperceptible miscarriage. Then, almost twenty years later, once I started this process, when I had my son. The fourth time was all too recently, which also ended in miscarriage. This time, an awful and undignified emergency room-culminating week-long process of miscarriage, an incomplete abortion. The first words of the Fire Department EMT who attended me in the ambulance were, "Did you take something to cause this?" immediately making me feel judged and uncared for, as if I had done something wrong, because this pregnancy was not meant to be. The technical term for a miscarriage is abortion; sometimes they say *spontaneous* abortion to differentiate it from a planned one. But, we don't say this in

common parlance, because abortion is a dirty word. All these reproductive experiences leave an imprint and are connected to one another.

If I'm really being honest, I mean *really being honest*, would it be true to say that my risk-taking and "deviant" sexual behavior is a reaction to, or a long-time consequence of, my abortion in 1994? Why do I need to frame it in a narrative way like that to begin with? Is it "abnormal" to forgo hormonal birth control at my age (42)? To opt not to use a barrier method in a long-term relationship? To not want to insert a foreign object into my womb? Why, when I confess having had a miscarriage a few months ago to an old friend who was experiencing one as we spoke, does she instantly go to asking me why I'm not using birth control, and can't I just look for love elsewhere and find someone who does want to have a child with me? This does not help me and the self-judgment I already harbor. The scarlet letter I walk around with day after day, which becomes a flashing neon sign each time anyone pries at all into my family situation.

Will I ever release myself of the *what ifs*? What if I had had that baby? Would I have found the satisfaction of mothering, even if I did not have all the resources required to do it well, enough to keep me from suffering so many of the losses I have since then? What is it about choice, and the burden of choice, that is so much heavier for women? And I don't mean only the "choice" to terminate (or continue) a pregnancy. I mean also the choice to engage in a sexual relationship to begin with, especially with someone you are not married to. The choice to use a particular form of birth control, even one which has a high failure rate (and is completely outside of your own control) such as withdrawal, and take a risk of conception even while knowing your sexual partner would not welcome a pregnancy. For a moment, I wonder if I can make sense of these choices as being in some way in the service of intellectual and emotional exploration

around reproductive decision-making, crises, and experience in general, and the utmost extension of a research ethic that wants to know experientially. But that just makes me feel awful. We do try to make sense of things, however we can.

Why does patriarchy bear down so hard on some of us? Why do I experience my sexuality and my reproductive abilities and choices as the center of that oppression, this pain? It is more embodied than I care to acknowledge consciously, but when I reflect on how this part of my person has shaped so much of my life trajectory, whether factually or narratively speaking doesn't matter, it becomes hard to deny. As I read the abortion literature, virtually no account takes into consideration the role of men in abortion experiences. Even feminist discussions make little reference to the role and responsibility of the male sexual partner. He is referred to as hugely peripheral, which he may very well be in regard to the abortion—often relationships do not survive the experience of unplanned pregnancy—but, he was in no way peripheral in making the choices that led to the pregnancy in the first place. Why are women judged by healthcare professionals and society at large, but men are largely not, for not preventing pregnancy, and for putting themselves in the position of having to have an abortion in the first place (I am here only referring to elective abortions since presumably women receiving therapeutic abortions are not judged in the same way)?

It is only in talking with my parents, with other women who had teenage abortions, and with you, dear reader, now, that I am able to articulate these feelings and these huge questions of fairness in reproductive experiences. To understand how completely the secrecy, the inability to speak my truth, the judgment foisted disproportionately on me as a woman, has harmed me. How deeply I hope that in sharing my story and those of my collaborators, compassion will be stirred

in those who have not had or cannot have this experience, and that perhaps some will be moved to help change this structural injustice.

Chapter 5

Our stories

Writing about the storying of women in families, Joan Laird uses an interesting concept: The unstory, ‘the story that is not there’ (Laird, 1991, p. 437). Some experiences stay ‘unstoried.’ They cannot be given a meaning that somehow fits in the fabric of a developing self-narrative. This happens to experiences that are painful and shameful: put in a closet and shut out. To put those experienced events into words and to tell another person that story would mean not only letting the experiences, but also the pain and shame attached to them, out of the closet. One can only do this if one is absolutely certain that the listener will both understand and acknowledge the pain and shame and nevertheless accept the person who tells the story. If the pain and shame are very deep and confuse a self-narrative too much—and the search for an authentic identity—the experienced event drops more or less out of consciousness, and becomes more or less forgotten.

In our society, an experienced event turns into an unstory if that experienced event cannot be put into a self-narrative considered appropriate by the dominant belief system. An unstory usually contains roles for women and men that clash with the proper roles. The sociocultural narrative presents specific models of what the roles of women and men in all relationships ought to be. If women have ‘unfitting’ experiences there are no ‘good’ stories about them. (Riet Bons-Storm, 2011, pp. 57-58)

In trying to tell my own story in the context of this dissertation project, I found it very difficult to write a concise version of the abortion experience. Perhaps part of that was about how wrapped-up in my current narrative it has become, and that I had already told and released the story when I shared it for the podcast. Listening to my collaborator’s stories didn’t really help me conjure up memories as much as it helped me to articulate my feelings around the structural injustices associated with abortion. Going into those listening sessions and subsequent conversations, I didn’t know how their stories might figure into the dissertation; I only knew that talking with them would help me to tell the larger story I was trying to get at. But, as I began trying to tell that story, it seemed important that I construct a brief narrative about the era when I had the abortion.

And, it took listening several times to my collaborator's stories, reading their transcripts, identifying themes, and reviewing the dialogue that we shared, and then crafting a narrative for each woman from my own story-hearing experience of their abortions, in other words, *my story* of their stories, to ultimately be able to tell my own.

This part of my methodology was not entirely deliberate, and it was something that only revealed itself in the process of writing. However, it has always been informed by the same values of mutuality, care, friendship, and compassion. In telling the stories of my collaborators now, I am not attempting to speak for them; thinking of outsider witness practice and story theology, which make transparent the subjective reality of a listening and caregiving encounter, rather I am sharing a version of their story as I heard it, the particular aspects of their stories that moved me and helped me to make meaning of their experience as it related to my own. I attempted to write a story for each woman combining my own prose with verbatim quotes from their conversations with me, and then I shared each story with its original teller, asking, "does this sound like you?," and, "is this an authentic representation of you?" I invited their feedback, asking them to refer to any aspects of the story they felt I had omitted and should be there, or had included or emphasized that I should not have. I incorporated their feedback and revised the story as I had written it and asked for their approval before printing it here.

In this way, the stories are co-constructed, as Norm Denzin (2014) writes, "two versions of the story merge and run together into a collective, group version of the story that was told. Because there are always stories embedded within stories, including the told story and the heard story, there are only multiple versions of shareable and unshakable personal experiences" (p. 55). Is the story true? Yes. Is it my interpretation, my projection, my angle and emphasis? Yes. Is it

malleable and dynamic? Yes. In these ways, as the author of this collective story, in which my collaborator's stories are embedded, I make artistic choices like a photographer or a director or editor would do with someone else's image, voice, or performance. And we know that it is collaborative even while I have more creative power in telling the story. But, it was only after going through this process with four other women that my own story could be told, and I am forever grateful for their revealing themselves to me and allowing us to enter into such a dialogic process of storytelling and sharing.

Karla

Opening the story, her voice quivering, Karla tells me, "I guess before I'll talk about the pregnancy, I'll talk about the relationship." She dated him from age 14 to 18. It was first love and they lost their virginity together. During that time, his mother died, his father remarried and took the rest of the family to the Middle East, and he stayed here with extended family. He was probably dabbling in drugs, maybe even dealing them, but he never did them in front of Karla, who wasn't interested.

As a teenager, "I was lost, looking for some ground." Her boyfriend, two years older, provided some of that for her. On the whole, it was a really good relationship.

Karla loved music and much of her time was spent going to live shows in Hollywood with friends. She skipped school a lot, so much that she was to the point of having to do continuing education if she missed any more as her senior year came to a close. She remembers having leisurely breakfasts with friends, shopping, driving around, going to the airport for fun. They were just hanging out. She was never career-minded and her parents, working-class (Dad worked

at Trader Joe's, Mom did the books for a family business), didn't encourage her otherwise. When Karla brought up the idea of college applications, her mom just shrugged. So, when the abortion happened and high school ended, there was no ground to stand on.

"I was always really afraid of getting pregnant," she remembers. I relate especially to the importance, and the sexual nature of the relationship as a context for the abortion, and think of how I always took precautions, used multiple forms of birth control, until I didn't—for Karla it happened the night of her senior prom. She had run out of birth control pills and, for some reason she can't explain now, didn't have any back up. They spent the night in a hotel, an unusual experience of freedom her mom probably always regretted having given her.

There's something about this story, conception on prom night, abortion on graduation day, that's deeply symbolic. Why these major events corresponded with these significant rites of passage, I wonder. Karla doesn't read so much into it, though.

Pregnancy took a toll on her. She physically felt terrible. Karla knew before the pregnancy test confirmed it, and yet she couldn't believe it. She was really, really scared.

Karla is telling me her abortion story, and she's never once told it before. She's never mentioned it to her husband, she didn't talk about it with her then boyfriend when they reunited a decade later, and it was unspoken between her mother in the years since. Karla's always lied to healthcare professionals when they've asked about her pregnancy history.

Not surprisingly, her grief is fresh and raw. She is tearful throughout the storytelling. And when she recalls telling her mother of the pregnancy, she is reminded of how ashamed she felt doing so, and how hard it was to see the look on her mother's face. But how, also, she no longer felt so alone and so it wasn't as scary.

But, at that point, her mother just took over. She brought her to her pediatrician to confirm the pregnancy. And then she scheduled an abortion. That was it. No discussion. Karla doesn't even remember conversations with her boyfriend and, trying to recall it, 30 years later, she can only assume that her mother encouraged distance between her and the young man after the pregnancy occurred. That she might have even elbowed him out completely.

Karla's mom was a teen mother. She didn't want the same for her youngest daughter.

I learn that Karla had been seeing a Christian counselor, and that her mother stopped sending her abruptly at the time of the pregnancy and abortion. I ask her whether or not it would have been helpful to have continued that relationship, assuming the counselor had strong anti-abortion views, to which she responded, "maybe not," but that overall there was an incredible lack of support. Also, losing that therapeutic relationship compounded the grief yet unnamed.

"I was so motivated by fear, I don't think I ever really stopped to think, or prepare, or grieve, or anything. It's just something that happened very quickly, really fast. And I think I'm still sad about that, that I just didn't really give myself a chance to figure anything out." Her experience, like mine, challenges the notion of choice. Facing the abortion without any deliberation, Karla felt horrible. "Feeling horrible because of not knowing how I can do this. But also not knowing how I could do anything else. Just completely trapped. And so sad about feeling the burden of that. That it was all on me. I think for a 17 year old it was really hard, it was really complicated. And I don't think I was ready to be dealing with the feelings like that. It just felt like the world was on my shoulders and it was too much."

Fear. Shame. Sadness. Complete and utter overwhelm. Life and death in the hands of a child, and virtually no way of feeling like that responsibility could be shared. Certainly not without a process of moral and spiritual reflection, together with the other people most involved.

"I remember taking a break from my boyfriend. I think I remember being kind of angry at him, and probably just for feeling like it was so unfair that I had to deal with so much of it and he didn't really have to do anything." I am wowed by Karla's maturity in being able to understand then what I see now as perhaps the central injustice of pregnancy and abortion. At a time when she needed support most, her mom sent her to live with her father for a while. They had divorced when Karla was just two years old. He wasn't completely a stranger, but it couldn't have been an entirely comfortable situation. Karla said the feelings were "just too much," and that she took a year off after the abortion because of it.

She recalls the shift from pre- to post-abortion. Of there being some kind of relief but of there also being significant consequences. "My body felt awful, everything about me felt awful, and I have to say once I had the abortion, a lot of that was gone, but it just kind of turned into a different awful. It wasn't as big. It wasn't as overpowering. It was small and I could contain it."

This explanation is sandwiched between Karla talking about feeling she did not have agency in the experience of her abortion. This disempowerment is a theme that's shared across several of our stories, and Karla articulates some of the issues involved when she says, "The decision was not made by me. Not that I wouldn't have ultimately made that decision, but I was not given the time. But, I think part of me too was so panicked, I mean, I just felt so awful. It was a scary place to be in...But it was not really my choice. I feel like it was looked at like it was just something that needed to happen and it was the one solution." Karla understands her mother's

good intentions, and her wish to protect her child from having to become a parent as young as she had, but there's more there.

Months later, when we talk again, it seems the story sharing has helped Karla process a lot around the abortion. What really strikes me is that she names grief for the first time as a huge part of what made the abortion difficult for her. Karla could say to me now, “a lot of the sadness comes from [knowing] there was an opportunity to have a child that didn't come through, and I have these two kids now that I can't imagine my life without.” Karla pauses tearfully, and adds, “I guess that's where the sadness is, and I guess that's grief.” It was in becoming a mother, so many years later, that she could access those feelings, and it is in telling her story that she could name them. I check in with her, “It sounds like you probably never even named it as grief until just now,” which she affirms.

The last time we meet for the project, much more informally, Karla tells me more about herself and her teenage years and she will unlock even more of the emotion around this long-held secret, the abortion, an integral part of who she is. After, she thanks me for listening and for validating her story. She says that tears run freely and that they are cathartic. In the morning, she wakes with a new found insight, into what the experience of being so disempowered in this massive life experience, her mother “taking care of it,” has resulted in long-term, in terms of difficulty making choices and a lingering feeling of inadequacy. It is these present-moment insights that make me realize the power of narrative inquiry and the process I've chosen to engage in with this project.

Melissa

Melissa grew up in a strict Dominican home in New York City and Yonkers, NY. The summer before her eighteenth birthday, her parents had recently separated and she was living with her mom and younger siblings in an apartment they had just moved into. Melissa was showing signs of pregnancy, having strong aversion to food and fatigued; her mother suspected why and asked her younger sister to speak to Melissa. Melissa knows now that's because her aunt knew where to go and what to do to get an abortion.

Melissa remembers getting really sick one day when she was cooking, and her aunt coming by and asking, "Is something wrong, what's wrong?" She doesn't remember her asking if she was pregnant, but she remembers her saying, "Why don't you come home with me and we'll figure it out?" Her aunt took her to a clinic near her apartment in Washington Heights to confirm the pregnancy and called her parents to ask what they wanted to do. They didn't know, but her aunt did. That night she called Melissa's boyfriend to ask for money and the following day, Melissa and her aunt would walk back to the clinic for the abortion. She remembers little besides waking up and vomiting, then going back to the apartment and her aunt making her a cup of soup. "We didn't talk about it ever again and it was as if it never happened."

Melissa had just finished high school, a Catholic school which, along with her parents, had left her completely bereft of information regarding her sexuality and sexual health. "I felt I wasn't that empowered to even understand how to protect myself when it came to sex. Nobody ever talked to me about that. That was a big part in getting pregnant to begin with." This same denial carried over into the way her family responded to her pregnancy, and Melissa was

completely left out of any decision-making process. A kind nurse in the abortion clinic hoped to include her, but Melissa's aunt shot her down.

“No one asked me. We didn't talk about it. I was just taken along. I don't remember vocalizing or making any choices about it,” Melissa tells me. When I ask her how she feels now about that, she says she understands that “they did what they thought was the thing to do...I would have wished that it would have happened differently, but it didn't. That my experience would have been one where I was fully a part of it. It definitely shaped the way that I feel about myself and how much choice I can have, I know that. But that comes also with my own experience about sex generally.”

Had it been me, I don't know that I ever would have forgiven my family for their part in my abortion. As it was, I was barely able to. But, Melissa grew up in a different family and a different cultural context. It's not to say that there weren't a lot of difficult feelings directed toward them, but that had more to do with a story Melissa had told herself about her dad not showing up for her that fall and helping with college tuition as he had promised, which she long attributed to him wanting to punish her for the pregnancy and abortion. She believed that her dad loved her less because of it. When Melissa tells me the context in which that story evaporated for her, an intensely emotional day when her sister's fiancé was being buried, and she sat in the car with her sister, her then boyfriend, her mother, and her aunt, that experience of letting go of a harmful story is so tangible to me. I feel as if I'm sitting in the car with Melissa, the weight of everything enveloping us, holding her hand and watching it all click into place as the tears fall.

What's particular about Melissa's story is that she ended up getting so involved in reproductive justice, writing a dissertation about women's health, and ultimately creating a

podcast for abortion storytelling. She feels that it was the open secret of her own abortion that compelled her to do this work. “The ability to speak about it was important to me, for many reasons. Even though no one said don’t talk about it, it was clear I wasn’t supposed to talk about it, and none of them talked to me about it. That was the big motivating part about it, that I just wanted to be free of that. I know that emotionally it’s something that I wanted to work through and work out, because it has impacted a lot of how I’ve lived my life, or what I do and don’t talk about, and my own feelings around being able to voice myself in various ways, generally in my life.”

She adds, “Just to be able to be open about it was important to me, and I wouldn’t have been able to do that by myself, I think. I also felt like people in my own family knew, but I didn’t know if they knew, and maybe they felt differently about me, but unless I talked about it I would never know. I couldn’t have felt open about who I was without knowing other people who had this experience too. The feeling of being the only one is only shed if there are other people around you.” Though she had been in spaces where ostensibly she should have been able to talk about her abortion before creating the podcast, Melissa explains, “People who work in abortion care don’t give space for people to tell their stories, and they don’t listen to people’s stories, so they have no idea what the real lived experience of people who have abortions is, unfortunately.”

We talk about how the context of the relationship in which the pregnancy occurred also played a big part in how Melissa was able (or not) to integrate the abortion experience. “I was just a teenager and I was dating this guy who was three years older than me; he had kids already, he sold drugs. He was my first boyfriend, the first guy I had sex with, and even my first real kiss. My parents didn’t like him at all. We were supposedly chaperoned everywhere, we obviously

weren't. He was not someone who I should have been having a relationship with, or that I could imagine my life with now. Probably when I was 16 I could. And I probably liked him more because my parents hated him. But it wasn't an equal relationship."

Like me, Melissa was 17 when she had an abortion. When we began talking for my project last summer, it marked the twentieth anniversary of that event, and I wondered if Melissa had some grief surfacing as a result of not having had children and seeing that window of opportunity closing. She is the only one of my collaborators who is not a mother now.

She tells me about a "Radiolab" episode where they talk about how fetal cells remain in the body of the mother for twenty years (Krulwich, 2012). How she's been thinking a lot about that and how perhaps with those cells being gone, so too will the experience from her body. She talks about how strange it is to be in the Dominican Republic at the time of the anniversary, because it's a cultural context where marriage and children are so deeply expected of everyone, that there's an added weight of not fitting the norm. Besides, strangers constantly engage her on the subject, saying things like, "Having children is so beautiful," and "How can you not have them?" She adds, "There's children everywhere...and I'm like thank god I don't have them. But also I'm like, if I do want to have kids, the time's running out! Not really, I don't like to put it that way...our bodies can still work past 40 and possibly have babies, so it's not the end of the world...It's hard because my cousin is so sad about this and she's been sad about this for a long time...It's harder when you're with people who are so upset about not having children."

When Melissa shared her story in writing for *The Abortion Diary*, she closed it out by saying: "My abortion is now a part of the narrative of my life and I get to define it for myself each and every time I share my story. As I share my experience more often I realize how raw it

still is and how difficult it is to share. But there is also so much power in sharing. The more I tell it the more I claim ownership. And as I share it I understand that I will be defined as this person for the rest of my life. It is part of me” (Madera, 2013, para. 13). When she records her story for the podcast, she cries, and years later, in audio and video interviews about the project, she’ll cry again. When we talk, it’s not raw, it’s not emotional. She tells me she doesn’t want to go there today. She adds, “I don’t normally tell my story to someone who I’ve already talked about my abortion to; it feels a little weird.” Perhaps more important is that when Melissa did try and share her story for the podcast, she had such a hard time finding someone who could truly listen in the way that she herself offers, and I think she’s been somewhat guarded ever since. Also, we are miles and miles apart physically, and we cannot have the same kind of encounter, despite all of our history in talking about this subject and building a relationship. So, we settle for the conversation that we can have, and I hope we will be able to see each other soon enough, to explore the full potential of this method more than we can over video chat.

Sara

The fall of 1998, Sara was an 18 year-old just headed off to the flagship state university. Though she was on the inside as a sorority girl, she realizes now she was actually on the outside—a square peg in a round hole. “My people were not great for what I was doing,” she tells me, and it resulted in her not being as open with her friends as she might had she found more kindred people to associate with. As she provided an example of their differences, Sara says she didn’t really buy into the romantic ideal of what the generation before would have called “going

steady,” or her peers might have termed “being official,” and she thought it was silly to be in a committed relationship at that age.

“I think my mother told me, ‘reserve sex for someone you love and it's meaningful,’ all good and sound advice, but when you don't reserve sex for someone like that, then I think that's where it starts to build, of feeling bad, doing something wrong.” I think about my own relationship choices and see the parallel with what Sara is talking about and having a baby outside of marriage. Even now it's laden with judgment. Within the context I operate, as a religious professional, all the more so.

Sara tells me she was “drunk all the time” and having a lot of sex. Casual sex, but always with the same guy. She was playing it cool, and he seemed to be too. She didn't tell any of her friends they were hooking up, because she felt that their non relationship status brought its own stigma. Their arrangement continued, on and off, for almost a decade. It was never serious, but she says now, he was “just that person, you know?” I do know.

Her period didn't come that first month and at first she tried to explain it away. But, eventually she couldn't deny it anymore and she would steal away to a high school friend's dorm at another university—the only place she felt safe to reveal her fears—to take a pregnancy test. She knew she didn't want to tell him. And she didn't. Not until many years later. Even when it happened again the following school year.

She didn't tell any of her friends at school. How could she? She wasn't telling them she was having sex, much less that she had gotten pregnant! She was afraid of being judged by them and felt it would be “scandalous, a reputation ruiner kind of thing.” Secrets became a big part of how

Sara would move through the world during those years. “It was safer to keep it all to myself.” If anyone else in her circle faced an unplanned pregnancy and abortion, they too kept it hush.

Sara grew up amidst Lebanese and Mexican cultures, one each from her parents. Though neither was particularly religious, there was both a Christian Orthodox and Catholic thread there and they chose to send their daughters to parochial schools. “I didn't want my parents to be ashamed and upset with me, so I didn't tell them anything. Especially because it would have been a much bigger conversation around, I'm having sex, I'm not using any kind of pills, I'm pregnant, and I'm wanting an abortion. It was way too much to know where to even start with telling them.” Somehow she scrounged together the \$500 for the procedure, without telling anyone but the one friend. It was a stressful time.

Sara didn't have any question about what she wanted to do. “I didn't want to have a baby. I didn't want to—even though I was madly in love with that guy—I knew he wasn't a good guy and didn't want him to be tied to me that way, for like the rest of our lives. And honestly I kind of had this very open plan for my life and having a child was not part of that plan, so I was okay with my decision, as okay with an abortion decision one can be. And I knew that was what I wanted to do, so I got the procedure done.” Her assuredness made it easier not to have a discussion with him about it. She admits now she probably was too scared to have that kind of conversation and to have to confront all the feelings around the reality of the situation.

When Sara tells me about the second abortion, which she thinks happens a year later at age 19 but she can't really pinpoint it, “same guy, same situation,” she berates herself over and over. For not contracepting. For being drunk and engaging in risky behavior. “The second one still is a

bit more shameful to me, because I just feel like an idiot. I went through it once; I should have learned."

"Where is that feeling of shame and being an idiot coming from?" I wonder.

"I think growing up there was always pressure on being smart, and making a smart decision, and if I did something that wasn't that smart, I think I was criticized for it. So, I think, for me, when I do something that is stupid or not smart, in my opinion..." Sara's eyes are watering and she is about to cry, "Like, I'm hard on myself for it." She finishes her sentence. Surprised by the onset of emotion, she says to me, "I didn't think that was going to come up like that, wow." We smile in recognition of what can be gained from telling our stories, and letting go of our secrets. I hope that Sara is able to allow a bit of compassion for her younger self to come in now.

After having two abortions, Sara had some concern that she would have difficulty getting pregnant when she did want to. I'm not sure where that idea came from, but she had it. She becomes tearful again when she tells me, "I think after having [my son] maybe it somehow completed it for me..." her voice shaking, "...in a way. Like, that was the right time for me to get pregnant, not back in college in my late teens. And, in a way I felt like being able to get pregnant with him, I didn't fuck up so bad back then because I was still able to do what I wanted to do when I was ready to do it." I tell her I'm glad that she didn't have to experience a miscarriage before having her son, as she might have blamed herself. She agrees.

Later we talk about her sister who had an abortion more recently and then had a miscarriage and may in fact be experiencing it as a punishment. Sara's mother also had two abortions, while already a mother. They were hard on her and part of why Sara didn't want to tell

her mother about her abortions, even now, was because of that. When they did talk about it—because her mother asked after her sister's abortion if she had ever had one—Sara felt that her mom had projected her grief and remorse onto her and assumed she would feel the same way about them. As a result, it wasn't all that supportive for her to talk with either her sister or her mother about their experiences.

Sara recalls her mother talking to her about her abortion when she was as young as 7 years old. “She used to tell us lots of inappropriate things, more me [the older of two]. She and my dad had a lot of struggles, still do. I think maybe we were her only outlets. So she would talk to us.” I certainly know about that scenario...For me, I somehow knew as a young child that my dad wanted my mom to have an abortion when she was pregnant with me because he wasn't sure how they could afford a third. I wonder why that would have ever seemed like an okay thing to tell a young child.

When I ask Sara why she wanted to tell me her story, she says, “I think definitely the shame that comes from it and wanting to let go of it. That's the biggest thing. As much as I say, 'yes, I'm good with my decision. I'm comfortable with the way that worked out,' my life would be very different if I had made other decisions. But, yeah, the big, keeping it secret for so long. That sucks. Holding onto that. It felt good when I finally opened up a little bit more to people about it. So, I think that was probably my biggest draw for wanting to talk about it. Because once you do finally talk about it you can really let it go.”

Laura

Laura was a dancer. That spring, age 16, she would become pregnant and delay an abortion so she could perform in the recital she had been preparing for for months. Being the thing that gave her life, she would go over the choreography and the music in her head during the abortion procedure, so as not to think of the life being taken.

At the performance, her mom would feel embarrassed by her enlarged breasts in her ballet costume and, sometime after the procedure, Laura would run to the school library bathroom in horror as those same breasts let down milk for the baby that was not there.

Laura would write her unborn child a poem, which she called "No Time," and twenty years later she would confess that her putting off the abortion was also partly because she wanted to be with him a little longer. Fresh tears jumped to her eyes, and to mine as I listened. Our stories intertwined in that moment of shared grief, and the idea of a spirit or rainbow baby⁵⁷ giving meaning to an earlier pregnancy loss was something that I could understand even better now. It also took away any power that remained of my own redemption story.

When we meet again, a month later, Laura will tell me about the loss of innocence that the pregnancy marked, and how she was ashamed to even be having sex, much less to have conceived a child. "I was afraid of going through the process of having an abortion. And, I think I really did want him. Right now my heart feels like it's breaking open a little bit, like when you cut into lava cake and it starts oozing out. It feels like a release. I feel like when I was that young I didn't have the tools to feel the feelings that come with wanting him, and knowing that it wasn't

⁵⁷ A *spirit baby* refers to the a baby that is just waiting for the right moment to be born, so earlier pregnancy losses can be given some meaning. In Japan, priests will sometimes conjure the spirit baby to help young women reconcile ambivalent feelings around an abortion. A *rainbow baby* refers more to a baby that comes after previous losses of deeply wanted pregnancies.

time—and I knew it wasn't the right time—but I wasn't mature enough to hold the juxtaposition of those two feelings.” This seems to be a common thread in all our stories. The overwhelm. The need to numb and repress feelings. The inability to process the ambivalence and the grief at such a young age. And, generally, very little support from others. Feeling totally alone in our embodied experience of pregnancy and its abrupt ending.

Laura, like Melissa and me, I discovered, had been deeply shaped by her adolescent abortion story, both personally and professionally. Eventually she would become a birth worker accompanying women through their pregnancies and deliveries. She even trained as an abortion doula, though she has yet to have a client—afraid of bringing her own stuff into the room, afraid of things being still too raw.

Even more striking to me, Laura's story revealed *narrative inheritance*, “stories given to children by and about family members” (Goodall, 2005), around abortion and a self-awareness around the stories we tell ourselves. I learned that she was a person who had done some deep spiritual and emotional work around these issues. “There is a thread that goes from the birth of my son all the way back to that loss [of the abortion] and it is compounded by everything that has happened in my family around becoming a parent and losing a parent.” When Laura speaks, she always refers to the abortion as a loss, and she uses the words, “baby,” and “child.” She uses gendered pronouns (he, him), as I have often, humanizing the unborn even more. Not everyone does.

There were certain similarities in our stories. Most of all, we both had our abortions in 1994. She was 16 and I was 17. We had our abortions late in our first trimester, probably due to our ambivalence and, in Laura's case, fear of the procedure. Even more uncanny, Laura and I

both spent the majority of our reproductive years without a child, having our first live birth not long before our 40th birthdays in 2016. We are both white. Our child's fathers are Black. Neither of us was in a long-term committed relationship when the pregnancy occurred later in life. Neither of us ever had the experience of a planned pregnancy. She had two subsequent abortions. I too had another pregnancy long before having my son, and one after, but they both ended in miscarriage.

Among my collaborators, Laura and I were the only ones whose boyfriends accompanied us to the procedure. Mine came along with a friend and my mother, and I suppose was anchored by them. Laura's boyfriend got spooked in the waiting room and disappeared while she was in a pre-abortion counseling session. The clinic staff found him later, sitting in his car on the street, when something went wrong during the procedure and they decided to transfer her to the hospital to complete the abortion. He must have provided her some good emotional support in the end, because she stayed with him for several days after the procedure.

As I'm writing now, I realize that there was an anti-abortion medical professional in each of our stories. In my case, it was a gynecologist I remembered as specializing in treating infertility who told me I was selfish for terminating the pregnancy, and, in hers, a cross pendant-wearing sonographer at a family practice office who confirmed her pregnancy and showed an image of her growing fetus without her consent. I wonder if, given our own feminist and pro-choice sensibilities at that young age, these people served to represent our personal opposition to the abortions we would have to partake in. In our conversation, Laura reflected that she was able to project all of the complex anger she had around the abortion onto this woman. I suppose, in some way, I did the same with my doctor at the time, though ultimately it was directed at my

parents. I wonder now why I didn't expect my boyfriend to take more responsibility, or feel resentful that he didn't.

Melissa's anger was at her father. Karla's at her boyfriend. Somehow, Sara was able to escape that emotional response, perhaps because she shouldered the entire experience in silence and isolation, not even telling her partner, though he was responsible for two pregnancies and two abortions.

Laura is estranged from her father since her more recent pregnancy, since producing a grandchild. It appears to be motivated by racism, and even though Laura can understand that as the, albeit irrational, reason intellectually, her experience of the estrangement is very different emotionally-speaking. She tells me about spinning thoughts. "I'll think through everything that was a mistake in my life, and all the reasons he would have for disowning me, what evidence he would have, what justifications he might have, and saying it out loud it makes me sad that I do that to myself. But, one of the things was the abortions. *That I got pregnant and didn't have children makes me a person who deserves to have my dad treat me the way he has been*" (my emphasis).

I interrupt in that moment, asking Laura, "So, where does that story come from?"

She hesitates. "Those are the spinning thoughts. This is really heavy right now. This is really a conversation for a therapist. And I don't want to put too much ... because it's a bit outside the scope of your project."

She is right, this is not a therapy session and my ethical commitments to her and to this relationship are crucial to what we are doing here. But, I try to reassure her, because this feels so important, and I don't want to lose the opportunity for something healing to come from our

conversation.⁵⁸ “I don’t want you to say anything you’re uncomfortable with. I want you to take care of yourself first and foremost, but I also want, if you feel like you can share, I’m here for you, and in the capacity that I can be, which is not just as a researcher, it’s both also as a friend and a spiritual care provider. I do have some training.”

“I know you do.” She continues, “Over the last year...there have been moments that mirror my past where I get into a pretty deep hole of talking myself down and down and down. And when I talk myself down like that, those are what the spinning thoughts look like to me. The shape of it is like a tornado. All of these thoughts and memories and shames and guilts that I have that kind of swirl me down. And a heavy theme in that tornado has been the abortion. And it feels like since I talked to you about it, it feels like it unraveled a little bit. It loosened. It came out of that fabric.”

And then she reassures me! Laura adds, “Listening to your story helped with that a lot, because I felt so much compassion for where you were and who you were and the situations and the emotions of being a teenager and how intense everything is at that age. Hearing your story in the context of this project, where I had just shared my story with you, and how much compassion I felt for you and your story, it was pretty simple, a pretty clear path to direct that compassion back to myself.”

What a gift. Not only to have Laura have that experience through participating in the project, but that she could and would affirm for me how valuable researcher self-disclosure can be, and of course the importance of being an insider when researching a stigmatized experience.

⁵⁸ I also know she is currently in therapy and has resources at hand, and that I would have been prepared to guide her towards them if she didn’t have existing therapeutic relationships.

Katherine (my story)

It was the spring of my freshman year when I first met him. I was 14. He was my first French kiss ... my first everything. We dripped sensuality. I remember just standing a few feet away could induce a full-fledged erection in him. I felt powerful in that. No doubt my Episcopal boarding school wasn't pleased. I think about now how completely shrouded in inappropriateness, rule-breaking, and shameful behavior first exploring my sexuality was. Is it like that for all first love? All teenage romance? Or, was it the particular context? I've often thought about how the discipline of the school, imposed on us after we were caught in a dark classroom together on a Saturday night, was so in contrast to how my parents, particularly my mother, would have responded if I were living in their house instead. It also seemed so disproportionate to the "crime." But, that's how it was. That's how it started.

He left school, he got involved with another girl, we split up, we reunited; I dropped out of school, I moved away, he got involved with another girl, I came back, we reunited; he wouldn't choose me over her, we split up, I went off birth control, we reunited, I got pregnant. And, then, three years after we first kissed, in the spring of what would have been my senior year of high school, I had an abortion.

That winter, I was living with my parents in my childhood home while taking a night class at community college and washing dishes for \$5/hour at a gourmet food shop and cafe during the day. I had skipped my senior year of high school and precipitously enrolled in college 3,000 miles away. Going there was the alternative my mother offered to my doing nothing, or going to the public school, or moving to Florida—where Rich was living on and off—and becoming an erotic dancer (which is what I thought I would do to make money if I had to on my own!). After

one semester I dropped out, persuading my parents by telling them I'd either end up dead or in rehab if they didn't let me come home. In the fall I had flown back to Connecticut for a week and stayed with my boyfriend, hoping we were back together for good. But I was too far away and he would meet someone else.

When I came back, things were precarious. On Rich's sister's 18th birthday, while we celebrated with a house party, I discovered a fire that started when someone left a smoldering cigarette on her bed. Ushering a bunch of drunk teenagers out of a little house, which was being enveloped in flames, and into a snowy landscape was a sobering experience. And, of course, all that followed. In the immediate aftermath, I would admit to Rich that I slept with his friend one night when we were all drinking too much and I felt so very lonely and ignored by him. He would have trouble forgiving me. I would confront the woman he had been seeing for months, and she would say it was up to him to choose. When I asked him to, he wouldn't, so I walked away. But, not one part of me wanted to do that.

Two weeks later I went looking for him (this was before the days of mobile phones, of course), and wooed him with a haircut he had said he'd like me to get—it was such a big change it made me unrecognizable to my coworkers when I walked into the kitchen. I found him and he came home with me. Though my parents were home, somehow we stole away to my childhood bedroom, an attic-like room in an A-frame house, where you had to crouch if you were close to the edges because of the angle of the roof. I don't think we had ever had sex in my parent's house before. I suspect we had a meaningful and connecting experience while the hope of a future together danced in my head, but I don't really remember. He pulled out. I had just gone off the

pill after being on it for two years, thinking I wasn't going to be having sex for a while, I guess. I was young and fertile. It was the worst time to have done it.

I knew immediately that I was pregnant. And, I felt like I had willed the child into being, because I so longed for this man to remain in my life and to be close to me. So, there was a mixture of dread and elation as I felt the changes in my body. I'd loved him so deeply and he had been instrumental in my adolescent years and in my self development. I wasn't ready to let go. It was for this reason that I would find it so anguishing to terminate the pregnancy. It felt like I had asked for a baby to come into my womb only so that I would kill it.

I told my mother within a week that I suspected I was pregnant. As she remembers it, we carried the secret between the two of us for another week before confirming the pregnancy with a home test and then telling my father. When I told Melissa the story, I said all I knew was that I absolutely wanted that child. Some part of me, and I suppose my mother too, must have known that my father knowing would destroy any chance of that. I did want to go back to college, and there was no scenario I could imagine where that would still be possible if I continued the pregnancy. I depended on my parents financially, emotionally, in all sorts of ways. They would have had to support me in making the decision to have a baby. They didn't.

I don't remember the conversations. The deliberations. I only remember the feeling that I would be cast out. I looked for support elsewhere. I thought I found it in my sister, four years older than me and about to graduate from college. She gave me *What to Expect When You're Expecting* and said I could move in with her once she graduated and was in her rented apartment. For a while, I imagined a life where I could have the baby but, at some point, I felt that she retracted the offer to help me. She doesn't remember that. When we talk about it once many

years later, Elizabeth tells me, “I was just starting my life, finishing college, about to have my first real job, starting a relationship (one that I have not talked about much with anyone, and have kept a secret from a lot of people), and starting off on my own ... We were each operating in separate spheres, I didn't feel like I was talking with Mom and Dad or that they were talking with you. We were all operating independently as you grappled with this situation.” It's helpful that her memory corroborates my feeling there was no joint communication. That I was maybe as alone in it as I felt then.

I was seeing a therapist at the time. She wasn't very helpful. But, she shared an office with my boyfriend's mother. I have a clear memory of sitting in Eileen's office and her disclosing to me the illegal abortion she had in Franco-era Spain. She said she felt that sacrifice was necessary so that she would have the children that she did have. I lodged that redemption story in my brain and, while I think it was *the thing* that made it possible for me to go through with the abortion, the thing that gave me some sense of peace about it, it was damaging to me in the long term when a committed relationship and children did not materialize. We tell ourselves stories. Sometimes they are helpful, sometimes they are harmful. Laura, Melissa, Karla, and Sara could tell you too.

I don't remember how the appointment was made. I only know that nine weeks had passed since the day I knew I was pregnant. Nine weeks in which to imagine becoming a young mother and bringing a life into the world. Nine weeks to feel my world was falling apart. Nine weeks in which to allow thoughts of a future so unlike the one expected of me. Nine weeks in which to allow myself to begin the process of grieving the loss that came with the sacrifice I would make.

It was a Thursday morning in early April. My mother, Rich, and my good friend Robyn all accompanied me on the long drive to the abortion clinic in Hartford. I don't think there was anyone protesting outside, though we certainly feared there would be. They sat in a minuscule waiting room in the entry of the clinic while I was shuffled from station to station—a larger waiting room with only patients, probably some sort of office for a brief counseling session, the procedure room—until someone collected me in the recovery room. I remember lying on the table and being administered the drugs they referred to as “twilight.” It's not general anesthesia, but you're unlikely to be conscious of much. (It's the same when you have a colonoscopy, if you've ever done that. You close your eyes to another kind of violation, but it's not nearly as violent.) I remember my heart aching knowing what was going to happen when I slipped away.

Given that the car ride was a lot longer than the procedure, it's not altogether surprising how much more it stands out in my memory. I have an image of myself curled up on the backseat of the car with my head in my boyfriend's lap on the ride home. A house had burned down that night. We drove by and saw only a smoldering foundation left. Because a few months earlier Rich and I had experienced a house fire, this is a very poignant memory. Perhaps the imagery and metaphor is part of that. His house was gone. Now, the one I had hoped to build was too.

At some point over the intervening months I quit the dishwashing job. Three days into my post, the manager had called me into the owner's office and the two reamed me out for over an hour about having a bad attitude. I can't say that was a good start to things. Certainly not a supportive place for me when my interior landscape was being disassembled. I was taking a figure drawing class and a model didn't show one day. Two of us offered to split the job so everyone could stay. I began to model nude for a sculptor regularly. I drove VIPs to and from

New York City for a local art dealer. I got a job bussing tables at a restaurant. I applied late and still got accepted as a freshman, without a high school degree, and would head off to Minnesota the next fall to do the small liberal arts thing. Life went on.

I don't remember talking to Rich. I don't remember sharing in the grief. I don't remember how he ended up accompanying me to the abortion. Frankly, I don't remember having any kind of relationship after the night I conceived his child. At least, not for a while. We've remained close, talking once or twice a year at least for the past 20 years. Much more frequently over the past several years, in fact. We've had opportunities to talk about the abortion. We hadn't at all until I started doing a lot of work around it at the outset of this now dissertation journey. I got pregnant with my son during that time and, only a few months earlier, Rich's girlfriend became pregnant and had an abortion. They were each single parents to one child—Rich's daughter with special needs—and, another child when the relationship itself was already more than they could handle was not a welcome option. It was strange to me that we were both confronting another unplanned pregnancy all these years later, both in shaky romantic arrangements, talking regularly and, yet, still so far away.

I'm still waiting to listen to his story.⁵⁹

⁵⁹ I did ask Rich to participate in the project and, while he said he was willing, because of his emotional guardedness, his physical distance, his technological aversion, and his overall state of mind—very busy and burdened—I stopped asking about trying to schedule something after quite a few occasions and over quite a long period of time.

Chapter 6

Listening to and talking with other women

The practice of witnessing is sacred. By serving as a witness to another's suffering—perhaps the first genuinely empathic witness that individual has ever experienced—we may facilitate the process of deep recognition of the other's pain. Furthermore, this process of witnessing, once initiated, can gradually shift from an interpersonal recognition to one that can be internalized by the person in pain. As suffering is truly recognized, new images, symbols, words, narratives, and meanings emerge in the context of a relationship where both partners can truly be seen and known. This process in turn promotes inner transformation—what Stern (2010) has called the 'reinstatement of witnessing between states of self within the self of one who suffers,' enabling a renewed and continued productive unfolding—new life! (Pamela Cooper-White, 2014, p. 29)

In the last chapter, I wove my voice with that of my collaborators and present discrete stories featuring the adolescent abortion experiences of Karla, Sara, Laura, Melissa, and myself. I hope by doing so I allow the stories to speak for themselves. Though each narrative is unique, there are common themes. In particular, experiencing the pregnancy in the context of a significant relationship; feeling a lack of agency around the abortion; a sense of it being too overwhelming for one's age; not having emotional support; female relatives also having had unplanned pregnancies and abortions but that not providing solace; and being burdened by the (open) secret of the abortion. In this chapter, I will focus more on the relationship with each of these women and the dialogue and what it has produced between us, showing the way this autoethnographic method is working throughout our interactions.

It strikes me that, of my four collaborators, two have mothers who had babies as teenagers (Melissa, Karla), and two have mothers who had abortions as well as having had pregnancies when they were unmarried (Sara, Laura). The teenage mothers both took a very paternalistic approach to their daughter's pregnancies, ensuring that their own histories would

not be repeated. A prospective collaborator briefly told me her story before deciding not to participate and, in her case, her mother had become pregnant as a teen and placed a child for adoption, keeping it secret from her subsequent children. As an adult, upon learning of her brother for the first time, this woman had to come to terms with how that family secret shaped her own teenage pregnancy and abortion experience.

With these pregnancy and abortion histories, I could see a theme of *narrative inheritance* in each woman's story. Bud Goodall (2005) explains the concept:

I use this term to describe the afterlives of the sentences used to spell out the life stories of those who came before us. What we inherit narratively from our forebears provides us with a framework for understanding our identity through theirs. It helps us see our life grammar and working logic as an extension of, or a rebellion against, the way we story how they lived and thought about things, and it allows us to explain to others where we come from and how we were raised in the continuing context of what it all means. We are fundamentally *homo narrans*—humans as storytellers—and a well-told story brings with it a sense of fulfillment and of completion. But we don't always inherit that sense of completion. We too often inherit a family's unfinished business, and when we do, those incomplete narratives are given to us to fulfill. (p. 497)

In particularly poetic fashion, Chris Poulos builds on this idea of narrative inheritance. He writes:

This rich, emerging tradition of ethnographic and autoethnographic work always reminds me of that storied *center* of our human being. It also reminds me that there are close connections between the narratives we tell, the narrative trajectories we live out, and the dialogic action we might fall into on any given day. All of this is grounded in a life of the heart (Pelias, 2004; Poulos, 2004). All of this is born of one of the primary forces that gets carried through our narrative inheritance: *narrative conscience*. Together, we weave a story-making praxis that infuses consciousness, and thus makes its way into a storied narrative conscience (a "knowing together") that is the energy that allows us to go on in a community of humans. Narrative conscience is the storied eruption of imaginative possibility that pours forth into our lives as a primary pathway to all forms of "knowing together." Narrative praxis is at the center and ground of conscience-building in all cultures and communities (Campbell, 1948; Fisher, 1987). Narrative conscience, then, is grounded in and emergent from a way of being in the world that foregrounds the vital importance of the story as the center of human social life and the storyteller as the weaver of the fabric of shared social existence (Taylor, 1996). (2009, p. 135)

Narrative inheritance was an idea I had already contemplated around my own experience of abortion. In the process of doing my research, Poulos's expanded concept of narrative conscience resonates even more deeply for me.

I had grown up for some reason knowing that my father's first response to my mother's pregnancy with me was not entirely positive and thinking that he wanted my mother to have an abortion. At some point I also learned of a supposed pre-Roe forced abortion on my father's side of the family, when my grandfather and his wife were full adults, because my great-grandmother did not want a baby in the family (my father's stepmother was ethnically Jewish, though, had converted to Christianity upon marrying my grandfather). Of course, there were also the experiences of teenage pregnancies that led to babies and cousins in my family on my mother's side, but it seems that the family culture of my father influenced my experience more so than that of my mother. These whisperings of abortion shape a narrative thread in my life.

Not feeling heard

One of my collaborators, Melissa Madera, and her project, *The Abortion Diary* podcast, have played an important role in bringing me to this dissertation topic and to my methodology.

Because we have been in dialogue for years around our abortion experiences, and because it is she who first listened to my abortion story as opposed to the other way around, my conversations with her are quite different from the ones I have with the other women participating in my project. We also have to have our conversations long-distance, whereas the others are local to me and all of our dialogue happens face-to-face. But, I want to have as much consistency as possible and ask Melissa if she will share her story with me, even though I have already listened to the

recording on the podcast, as well as read a narrative description, and we have had many conversations over the years where parts of the story have come up. She has to think about it, is hesitant, agrees to try, but ultimately is unable to really talk about it that much with me. So, the conversation shifts to her feelings around not wanting to talk about her abortion, even though her *raison d'être* at present is to a large degree facilitating other people telling their stories.

Melissa tells me that she attempted to tell her story for the podcast several times, but people—her sister, a friend, a therapist, and two other story sharers—don't show up for her in the way she needs them to. We talk about how the recording of her story on the podcast is ultimately an example of how *not* to do things, as Melissa says, it is “the anti-listening” story listening. “I just felt emotionally drained by all those times of telling it in ways that I didn't want to, that I just don't want to talk about it anymore. There wasn't another me, a clone, to listen to me tell my own story,” she says. Melissa recalls one person, a therapist she had before the era of the podcast, who did listen and help her process the abortion. She says, “She was such a good therapist because she allowed me to do more searching around what was deeply problematic about my experience, and how that related to this difficult experience I had with a relationship that had recently ended. And seeing how the links around my abortion impacted how I was in relationship with men.” I am glad that Melissa had one supportive listener at least. I wish I could be another one, but that might in some ways require time travel, and the kind of conversations we have now are supportive in other ways.

Letting go

My other three collaborators tell me their abortion story as if for the first time. At least, in ways they never have before. Fortunately, I have had the experience of telling my own story and having it be heard fully by Melissa, and I am also trained in the art of listening as a chaplain. When we meet a second time, I ask them what their experience of sharing the story with me was like. While there was always a risk of people experiencing our interactions and their story sharing in a negative (or neutral) light, my collaborators speak of lightness, catharsis, release, openings, and compassion.⁶⁰ In their words:

I felt almost like it was a therapy session. I hate being so generic, but it felt like a weight being lifted from my shoulders, being able to really tell the story like I've never told. Remembering things in different ways that I haven't really thought about in a long time... [It] had my wheels turning a little bit more, trying to think back about that time period. I know when I immediately left here I felt kind of exhausted. Maybe just because of the downpour of information, or more, all of the feelings, that I also didn't think I had surrounding it. You know, I had told myself this [the abortion] is fine, whatever, this is just what we're going to do and move on. But there were a lot more emotions surrounding that than I realized. So, that was a little bit, draining at first, realizing that. ... [I] definitely feel relieved to have shared my story and to have talked about it in a mature, adult, rational way ... Not giving myself so much pressure and guilt over it. I think since we talked last, I've been able to let go of more of that. Which, I didn't realize I was holding onto so much of before we talked. But ... I've felt like I've been able to let a lot of that go, so a lot of relief from that.—Sara

It has made me feel a little bit lighter. I released some of the spinning thoughts. I released them into you and they haven't returned, or at least they haven't returned with as much frequency. It's been a really crazy month, so I haven't noticed a lot of feelings come up about this conversation. Right after we did it, the few days, a week or so, I remember processing it a little bit, and I wish that I had written down the thoughts that came up,

⁶⁰ While negative emotions and relational fallout from them are a particular risk in autoethnographic research with others, as a trained healthcare chaplain I deal with this same risk in virtually every interaction I have. From my personal perspective, the more vulnerable, raw, and emotive someone is with me, the more meaningful and therapeutic the conversation can be. I bear witness to others' suffering and that is integral to the work that I do as a spiritual caregiver. If something bigger than I could handle came up in my field research, just as sometimes I encountered existential pain that required a psychiatric consult in the hospital, I was prepared to refer my collaborators for additional resources as needed.

because I don't remember them, but I do remember feeling relief and a sense of lightness. And, I think I remember having kind of an altered perception or an altered view of the girl that I was. Sharing that story as who I am now I think I was able to remember myself with more compassion and I think there was some guilt and shame that have been there for all of these years, and the process of talking about it and talking about that guilt and shame, allowed me to dissolve it a little bit and allowed me to have compassion for the situation that I was in.—Laura

I think if I go back to six months ago, after we talked, and after I shared my story, I think I processed a lot. I think it really opened up stuff that I hadn't thought about. And it felt very cathartic to share the story and, it was interesting, I think at the time, or soon after, you sent me the link to your story and I listened to that and other people who had stories as well—I listened to a few of them. Some of them I could listen to the end, and some of them I couldn't. It was just too much, it was really heavy. But I guess basically it was a very cathartic experience. I don't know that I shared it with anyone else in detail. I did speak with my therapist about it, briefly, not in a lot of detail—just as something I was doing and working on, and it felt really comfortable to share it with her. I don't know if I've ever felt that before, I didn't have the shame in it, that was just removed, it was kind of a different experience to bring it up.—Karla

Above all, the weight that my collaborators speak of, and the burden and pain of that weight, is the result of the secrecy around their abortions and the attendant shame that comes with having to deny that something significant has happened to us.

In some cases, there is additional suffering resulting from how the abortion experience has impacted our relationships, especially with parents and self. In others, there is a distinct sense of loss. Either because in having children, we can finally acknowledge it, or because we see our fertile years running out and are afraid we won't have the opportunity to become a mother. Because of how infrequently we talk about it, and how little anyone acknowledges that there has been a loss of any kind, abortion can also be seen as an experience of disenfranchised grief in many cases. It's about the potential life and the potential relationship that an individual could have had with a child. It's about the potential life that one could lead, a potential future that is not

allowed to be. This is precisely why people experience grief when they miscarry or have a stillbirth, or even fail to conceive. Why should abortion be so different? A person might not attach to the pregnancy in quite the same way if it's "unwanted," but there may still be feelings of what if and imagining a future and a baby. I wish that we could do something culturally to acknowledge these feelings, and certainly the *mizuko kuyo* is one example of how we can get to this. In the meantime, we can do something to reverse the stigma and the disenfranchisement through the act of deep listening.

Creating relational safety

I ask Melissa what she thinks makes it possible for people to share a stigmatized experience like abortion fully in the way that each of us hopes to encourage the women we listen to, so that they can have their difficult emotions around it acknowledged. She says, "Because I create an environment where I'm just going to listen to you, so people don't have to worry about what I might say or how I might feel about it; it's really about them feeling like they can tell whatever they want to tell. There's no expectation except that they tell their abortion story. I feel like that's part of how I create a safe space, knowing that it's okay to talk about abortion, knowing that's what I'm there to talk about, and that I'm just going to be there to listen ... And, also, I tell people all those things beforehand so it's really clear. And there is an intimacy factor. We're not in a public place, there aren't going to be a lot of people around. The only people who are going to be there are the people you want to be there, and if you don't want anyone to be there, then, no one's there. Those are the essentials of creating a safe space." We both also feel that having a shared experience of abortion facilitates relational safety, but of course that requires disclosure

on the part of the story listener or researcher. There's obviously a lot of intentionality in entering into a conversation like this, from the way in which one listens, to how and when one shares their own experience, to the place in which a conversation occurs.

Karla had her abortion almost 30 years ago, and before telling me, she had virtually never spoken of her abortion. Not with her mother, not with her boyfriend—even though they reunited ten years after—not with her husband, not even when asked by healthcare professionals about her pregnancy history. An unexpected result of Karla's sharing her story with me was that she also disclosed her abortion for the first time to her husband. She didn't entirely volunteer the information, but she left out the informed consent form from her participation in the project and he read it and confronted her. His response was one that reminded her why she had not chosen to tell him, and it brought up some fresh grief for her in telling me of the encounter, of feeling unsupported and of not having her pain and sadness around the experience acknowledged.

With me, Karla was tearful throughout her entire story sharing and, when we met again many months later (as a mother to young children it was very difficult for us to schedule a follow-up conversation), she cried again when revealing that her husband had confronted her about it. In listening to her story again in preparation for our meeting, I was struck by how much raw emotion there was all these years later, and I wondered if that was just who she was or if it was something particular to the subject. Karla responded, "I don't think I'm a very emotional person but when I connect to someone that, you know, I feel feels my heart [tears] I feel very able to let down walls, and I feel that way with you. I just feel very comfortable. And I think a lot of times, what I've been working through with therapy specifically is feeling the feelings, and

being able to feel that, and I'm trying to get a little more in touch with that.” She added, “So, I guess that's good.”

From my perspective as a spiritual care provider, yes, that's very good. Much of what motivated Melissa to create *The Abortion Diary* had to do with the fact that she carried her own secret for 13 years before telling anyone about her abortion, and that she didn't want anyone else to have to suffer that. And, as she shared with me more about the experience of not being heard, and of her commitment to listen without judgment, from a place of having gone through one's own abortion experience, I felt even more affirmed in the story I'm trying to tell now—and, specifically, about the importance of releasing the shame and stigma that comes with secrets like having had an abortion, of bearing witness to the pain that people might have around having had to deny this major life experience, and of allowing and inviting that vulnerability in others as chaplains, ministers, researchers, podcasters, abortion care providers, counselors, friends, and family, whomever we are to a person with a story to share.

When Laura shares with me, “Hearing your story in the context of this project, where I had just shared my story with you, and how much compassion I felt for you and your story, it was pretty simple, a pretty clear path to direct that compassion back to myself,” she affirms the importance of having the shared stigmatized experience between listener and story sharer. What a gift to have compassion expand outward and back to oneself in connecting to the pain of another person. That I can experience that myself in doing my research, and also know that my collaborators are receiving that benefit as well, ensures that my work is not just some navel-gazing, solipsistic exercise as evocative autoethnography's detractors claim (see Anderson, 2006; for a description of evocative autoethnography, see Bochner & Ellis, 2016).

When I think about my approach and method, I consider its different elements, all of which are in the service of soul care and healing. And this is done through relationship, through genuine connection with one another, and through deep listening. The very act of engaging in autoethnography and narrative inquiry is self-care and spiritual care. It is allowing me to go far deeper into a difficult life experience than virtually anything else could, and it allows me to do that in relationship with others: my parents, my collaborators, my readers, perhaps even to anyone who earnestly asks about my work as I'm doing it. In terms of my research with others, it starts with creating the safe space that Melissa describes, for people to share their stories, and it involves self-disclosure on my part, though I make sure to give my collaborators plenty of room to process their own feelings and share myself only when it feels therapeutic to do so, or necessary in order to build trust and mutuality in the relationship.

Establishing relationship

Before I record a story, I meet up with potential collaborators to explain the project and to talk a little about my own experience with abortion, as well as my more recent reproductive experiences. This helps to build trust and rapport before the sharing occurs. Of the four women I initially met with (these are my collaborators, excluding Melissa who was already committed to working with me), only one declined to participate after our initial meeting.⁶¹ The others were

⁶¹ She did not provide an explanation, but my impression is that it had largely to do with the fact that she had a newborn baby to care for and was about to go back to work after a brief maternity leave. I also think there was probably a lack of chemistry between us and, it's possible that I said something that could have offended her when I was making an observation about how I never scheduled feedings, and I made sure to address that in my email reply to her thanking her for meeting with me and for considering participating in the project. Lastly, I would not be surprised if, also due to the nature of her being so recently postpartum and still full of an intense morass of associated hormones, she was not emotionally prepared to explore the issue.

relatively enthusiastic, feeling some unexpected inner compulsion to participate in my project after seeing my recruitment posting on Facebook (though Laura hesitated a little bit before letting me know she had a story to share). I had met Sara and Laura before through our experience of being mothers to young children and participating in activities around that, but we had not developed much of a relationship prior, and Karla was previously a stranger to me. Then, of course, my relationship with Melissa was already well established, as colleagues and as friends. As story listener and storyteller, as healer and healed.

After this initial feeling out of the relationship potential, I schedule a time to listen to their stories and explain the importance of meeting in a private place where there would be no interruptions—I suggest either my home or theirs, whichever they were more comfortable with. I go into these conversations with open-ended questions, really only one: “So, what happened?” Most people talk for a long time before I need to ask a follow-up question. They naturally craft a narrative and provide context and talk about the relationship, the life conditions, family, the procedure itself. I know this not because I’ve listened to so many abortion stories myself, but because Melissa has (~300), and my small sample suggests something similar. So, I emphasize the idea of allowing whatever story to unfold with little prompting by me, ensuring them that I will not interrupt or ask for clarification at any point until they indicate to me that they are done.

In everyday conversation, we are accustomed to giving signals that we are listening by saying things like, “uh huh,” and “right,” various affirmations of what the speaker is sharing. But, in this exercise of pure listening, those interjections are distracting and actually take away from the feeling of being heard. I even make an effort not to display emotion on my face unnecessarily—the main exception being when I am moved to tears. The way that I

communicate that I am listening is mainly through eye contact and attentiveness. I do not take notes but rather trust that whatever follow-up questions need to be asked will come to the surface when it is my time to speak. Remarkably, they always do. There is much to learn about everyday conversation, and relationship with intimate others, through this experience; in the context of our daily lives and relationships, we very rarely are able to provide a pure listening experience because of pre-existing relational dynamics, emotional triggers, and myriad defenses that interfere.

When someone has finished sharing their story and we've had a chance to discuss any points of clarification or omission, we continue talking and I share whatever is asked of me. We talk as sisters and friends. I am honest with them in that this is to a large degree about me understanding my own story better. That, as I go back and listen to their stories, transcribe parts of our conversation, and highlight themes, I am looking for points of connection and difference, and I am learning better how to articulate my own thoughts around the larger structural issues connected to our pain—our grief and our shame mostly. We plan for a follow-up conversation and I promise to keep in touch, inviting them to share anything that comes up after we talk and telling them that I will let them know if there's anything else we need to discuss as I write, and especially if I represent them and their stories in any significant way.

Follow-up conversations

It is only after this initial meeting and story sharing that I invite my collaborators to listen to my own story, recorded for the podcast (Madera, 2015). I make sure to let them know that it is in no way obligatory, but that it is there if they feel so inclined. One of the reasons for not sharing my

story earlier is because I don't want to influence or put pressure on them in any way in their own storytelling; I want to allow for it to be as organic as possible. Not that many people have heard other abortion stories (in contrast to birth stories, which, especially if you're pregnant or recently had a baby, you will hear many times over), so it feels best to leave it until after they have told their own.

Some weeks or, in one case, months later we meet again—in either my home or theirs. I read the transcript from their story and our initial conversation (and in the one case where there's a significant gap between the meetings, listen again) and I prepare follow-up questions—aspects of their story that I would like clarification or more detail about, about how they feel having told their story, and so on.⁶² This conversation is a little more back and forth than when I listen to their abortion story, but it is still primarily about their experience. I experience a kind of ease that suggests a feeling of trust and safety has been well established. I also feel emboldened to share some of my reflections with my conversation partners. Perhaps because they have shared so much of themselves, and I see resonance with my structural critiques in their own experiences, for the first time I feel confident in speaking resolutely as a feminist critiquing the system that has harmed us in various ways, even though I can't be sure my collaborators are comfortable with that language and worldview. But, it seems to go over well. We no longer feel like we had this experience and the pain around it because of some personal failure. We know that the problem is structural. And we find healing in being able to acknowledge our personal suffering within a larger context of reproductive experiences and the particular burdens of women.

⁶² I listened to and transcribed the initial story recording within days of our first meeting, and in preparing for our follow-up conversation, read through the transcript and/or listened to the audio again.

Inheriting a story

Laura is like me. She had an abortion as a very young woman (though she also had two subsequent abortions in her twenties) and only, finally, had the chance to become a mother at 39. It also happened in the context of a not entirely stable relationship, but, so far, they've been able to work on it, and her child's father has been equally committed to raising him. I am so glad for her that she has that partnership, especially because she does not have the family support that I do.

Perhaps it's not surprising that Laura's story resonates with mine the most of all of the women. There are plenty of aspects that are different in our stories, but the ages/timelines for both our abortions and having our children are the same. I also think the fact that we were both late in our first trimester when we had our abortions is significant. We had to live with the ambivalence of that embodied experience; we had time to attach to our pregnancies in ways Sara who knew very much what she wanted to do and did it (even if she was in denial for a while), and Karla and Melissa, whose family promptly "took care of things," did not. Laura also is someone who probably is naturally reflective in a way that I can relate to, and which allows us to have a particularly substantive conversation together.

Laura and I are lounging on my couch on a late August afternoon having our follow-up conversation and talking about her story. I ask her, "In regard to the abortion, the difficult emotion that lingers, it sounds like it's more around shame than grief, or can you not really separate them?"

Laura responds, "Well, it's shifted a little bit since I had my son. It's something that I've carried with me all these years. And, then, in recent years, when I had a lot of fear that I wasn't

going to be a mother to a living child, and the thought that I had lost my chance, carried a heavy weight of grief with it.” Of course, this is precisely the internal experience I had which resulted in my exploring this topic for the dissertation. It startles me to hear my own affective experience reflected so clearly in another person.

She continues, “And since Ibai has come into my life, as I fall asleep every night, I say in my head, I have a very clear thought of ‘I’m so grateful for this little being. I’m so grateful to be a mom. I’m so grateful that this happened and that he’s here.’ And, if he wasn’t here, I know the deep grief of not being a mother, and of having those losses, would be a heavy burden that I would have had for a long time. There’s a part of me that does believe that it was him, that it’s been him that was waiting. He’s been really patient with me, and he still is, as I figure everything out.” I smile, thinking Ibai is indeed her spirit baby. I am reminded of how that idea came into my consciousness all those years ago in my conversation with my boyfriend’s mom.

I tell Laura, “Even though it’s a little different for me, you know, I said that I felt that kind of redemption narrative was actually harmful to me and contributed to my sense of grief.”

“Since Maurice⁶³ has come do you feel ...?” Laura begins to ask.

“It’s extremely different,” I say, not letting her finish. “And I think what was most surprising to me was the relational harm that I’d been carrying around about what happened, it almost didn’t matter to me anymore. I had been carrying that for so long—a lot of resentment towards my parents for disempowering me and feeling like I didn’t really fully have agency, that it wasn’t the kind of choice that it should be if we really have options, you know? The happiness

⁶³ I use my son’s name and all the names of my friends and family (with the one exception of my son’s father) because there is no meaningful way to anonymize them. Even though I can’t get consent from him, where I can from the adults implicated in my story, as I explain more in the concluding chapter, I have not written anything I would not want him to read here.

that they were able to share with me, when Maurice came into our lives, in spite of the relational circumstances which were horrible, there was so much healing potential in that. I say that and I feel sad, because I know you haven't been given that from your father, quite the opposite.”

“Both my parents,” Laura clarifies. “My mother's missed several opportunities to be joyful through the experience of Ibai because she's caught in the shadow of [my dad's] shit.”⁶⁴

“It sucks ...” I say, pausing, knowing that that doesn't even begin to acknowledge the pain that Laura must be feeling around her parents' distance at this time. “But, yeah, it's interesting to think about how much our relationship with our parents factors into how an abortion experience at that age impacts us.” Now I know that the relationship *between* my parents at the time was just as significant a factor.

“It's interesting, it's something I've been thinking about, because I choose to believe this idea that Ibai chose me and he chose to wait for me, that means that I chose them. I don't know that I chose this life and chose everything that was going to go down. I'm not that fatalistic. But I do think that I chose my parents. And it's interesting that my parents got together and got married within a very similar timeline to when Rafael and I got together and got pregnant...” Laura begins to reveal her own narrative inheritance (not to mention a worldview or theological perspective), and remarkably explains to me how it's served as a lens through which she sees herself.

Laura tells me, “I heard this through a closed door one time when my parents were fighting. I don't know how much validity there is to this story, but my mom was going to try and abort me and my dad refused to let her. My dad at first told her he didn't want to be with her,

⁶⁴ Laura did not specifically ask for pseudonyms for her son and husband, but since she did not respond directly to my question about it after sharing a draft with her, I erred on the side of caution.

when she said that she was pregnant and she was already a single mom to my older brother. So she was planning to have an abortion and my dad was from a really Irish Catholic family, and he was more freaked out about the abortion than being with a woman who already had a child—which was a big deal for his family. So, there was a part of it where my dad was my savior in my narrative through that whole thing. And there was a narrative in my head about how I was his savior too, because he was on a path of destruction before he had a family.

“And, then, I feel responsible for bringing my family together. My parents got pregnant with me, got married, and had two more children, which had a deep impact on my older brother, who is not my father's son, and everybody who came after. And now my family is sort of splintering again because of what my dad is doing with me. The idea that my birth and self, or my behavior, have played the part of a catalyst in my family, repetitively, and I don't feel like I've made a choice, it's just the role that I play in my family since birth. And it feels like I made that choice somewhere on the other side. And, I also feel like it's a story. That whole thing is a story that I tell myself.” At this point, Laura could just be writing my dissertation for me! Her understanding is broad and deep. I feel so privileged to hear her story and to be having these conversations. But, right now, I want to reassure her about the value and the inherent truth in stories.

“Well, we tell stories in order to make meaning of things. Narratives are extremely important to us as human beings. And they can both be helpful and harmful. What is truth? You say ‘I have this memory, it's kind of foggy, I overheard this conversation’ ... I guess you've never confronted your parents about it. Do you know how old you were when that happened?”

“I want to say 11. Somewhere between 11 and 13.”

“You know that I said that in my recorded story that that's part of my narrative too, that my father had wanted my mom to have an abortion. And, once I started thinking about this project, I did have several conversations with my parents and in one of them I asked about that, and my dad was like, ‘No, that's not true. My first response might have been, oh can we afford it? But, I never put any pressure on her.’” I believe my dad, even though my son’s father also believes he didn’t put any pressure on me and that is not my experience of it at all. There are only *truths*, clearly.

“Where did you find this story?” Laura asks.

“Right? So how come I had that idea in my head?” Unlike Laura, I don’t remember overhearing my parents talking about it as a child. “My mom must have been the one to tell me. But, why would she ever have told me that? There are so many questions in that that I don't really even want to go into with them, but it's...” I trail off, and Laura fills the space.

“What was your mom's response? Do you remember when you talked about it?”

“I don't remember that well. And it was one of these things because I had decided to do this project, I knew I should be recording conversations like that but I didn't do a good job of writing notes down. I don't think I have a very clear sense of how she handled that, but I would suspect she probably backed up my dad's memory of that. What I did decide at that point is, it doesn't matter if it was true or not, because it is *my truth*. I lived my whole life believing my dad didn't want me, and wherever that came from, whoever said it, who knows, but it stuck and it shaped me and my relationship with him. It's been a truth all this time, so even if now when I'm 40 years old he says ‘no, that's not how it was’...”

I don't finish my sentence when talking with Laura, but fortunately this isn't the end of the story with my dad. Laura's father won't engage her in relationship, but my father, after almost repeating the same mistakes with me when I had another pregnancy a few months prior, has woken up to the fact that nothing is worth damaging our relationship. When we talk a month or two after Laura and I have this conversation, we are able to explore this abortion narrative I inherited, as Laura did, and we are able to really move past it, not least of all because my father offers empathy around not being able to understand what it's like to have another life inside you, and not really being able to imagine the person they will become. He gets that this is critical in the way men and women can often relate so differently to an unplanned pregnancy.

Of course, I can't help but think about how I am passing down the same narrative to my son, whether I want to or not. And I realize that at some point he will have to know that his father "didn't want him," and when would it ever be the right time to talk about that honestly with him? Will he have that feeling even if I never tell him explicitly about the nature of my experience of being pregnant with him, just based on his father's absence? How do we re-write these narratives? How can I be so conscious of it and yet not know how to craft a better story for my son?

Telling ourselves and others stories

Laura has already thought a lot about this stuff before coming to share her story and have these conversations with me. But, I am still able to witness her have a present-moment insight in the course of our meetings. As a child Laura learned that her mother thought an abortion was the right course of action when a pregnancy happened only weeks into the relationship with her

father, and she also knew that her mother had an abortion in between her pregnancy with her and her older brother. When we meet to talk more, I ask her about the fact that she described her own experience—which involved something going wrong in the procedure and having to be transferred to the hospital for general anesthesia to complete the abortion—as “less traumatic” than her mother’s.

Laura tells me, “I saw my mom, and still have this image of my mom with my brother as a three year-old or as a toddler, waiting at the bus stop to go to, and coming back from her abortion by herself, and putting myself in her shoes in that moment is so painful and so intense and it seems like it took so much strength to keep it together for her son that she was with, and to be on a bus, all of that feels really intense for me when I think about her.”

At which point, I ask her, “And when you think about you?”

“When you bring it up to me now, I can't say that my story's any less traumatic than hers, it was just different. But, you know, she told me that, to make me feel better, we were really close at that time and her intention was to find a way to make it easier for me and to normalize it for me.”

Later, Laura draws an analogy between doulas in training needing a space to process their own abortions, and wanting to make sure they don’t try and do that with their clients, and how her mother sharing her story immediately after her own abortion maybe wasn’t as helpful as she had earlier thought. She says, “I don't want them to be telling ... like my mother did to me. And I only now, only today, realized the impact that it had on me.” Laura’s retrospective experience of her mother’s story sharing points to the importance of knowing *when* to disclose a personal

experience so that it can be healing and connecting, as opposed to diminishing or disconnecting in some way.

I'm starting to realize how important these small insights are—about how someone else's story at the time of the abortion could be diminishing, or how being told something about ourselves as children could be internalized in our sense of self-worth, or how we've overlaid our feelings of judgment on our close relationships with others—in the process of storytelling and listening. As a relational researcher and autoethnographer, it highlights the importance of and the challenge in negotiating the whens and hows of self-disclosure. Sometimes it will hurt more than it will help, and we have to be able to thoughtfully reflect on these questions in the process of building relationship so that we can make wise choices around our self-revelations. I'm aware of how important it was for me, in the process of doing this dissertation project, to share with my parents how much the belief that they would throw me out of the house and leave me to parent a child on my own at seventeen factored into how I dealt with my situation; and to talk with my father about this abortion narrative I'd inherited and feel like I'm passing on to my child. For Laura, seeing the ways she has narratively tied the earlier experience to her relationship with her father and mother now, is also critical. She says she struggles with the thought that “having an abortion made me a person worthy of being disowned by my dad.” Melissa has a similar experience which she recounts to me in our follow-up conversation.

The one time Melissa and her father talked about the abortion, a result of doing a Landmark Forum⁶⁵ which required that she attempt to reconcile with loved ones, was not at all healing. Melissa had always thought that her father retracted an offer to pay for her college tuition because of the abortion. A few months before they talked, Melissa was in the car on the way to her sister's fiancé's memorial service (an intense moment to begin) when she had an epiphany of sorts. Melissa paints the scene: "So, in this car conversation, my aunt said, 'after your parents split up, he was such a jerk and this is why he didn't want to pay for your school,' and I said, 'well I thought that it was about something else,' but I didn't say about my abortion. And they were like, 'no, he was being a jerk and wanted to hurt your mother, so he didn't want to give any of you money, or pay for college, or give you child support.' And I started to cry in the car, with my ex-boyfriend and my sister. So, that happened months before. So, then, when we're sitting in the living room at my grandma's house, I'm like, 'I've just thought you've loved me less because of my abortion.' And the money about college...*So, how we link things together; that probably don't go together* (my emphasis). I didn't bring the money stuff up, but in my brain ... And he said, 'no, that's not true.' And he said all this other stuff. 'I wanted to go after your boyfriend and your mother said, no, that I shouldn't. And then you had this abortion.' And then the conversation did not go well. He started blaming my mother, because that's what he does.

⁶⁵ The Landmark Forum is a three-day personal development training program which, interestingly enough emphasizes "the idea that there is a difference between the facts of what happened in a situation, and the meaning, interpretation, or story about those facts. It proposes that people frequently confuse those facts with their own story about them, and, as a consequence, are less effective or experience suffering in their lives." (Source: Wikipedia page) The larger organization has sometimes been criticized as a new religious "cult." Though I don't know the full extent of these accusations, speaking from my personal experience being one who was "recruited" unknowingly, I can say that it has something to do with the way that participants are encouraged to recruit friends and family, and to do so in way that is not transparent. Also, my experience with the workshops that I then sat through (thinking I was attending a friend's "graduation" ceremony), were that they were proselytizing in a way that did not encourage critical thinking at all. And, believe me, I had some questions!

And I said, ‘well, you know, you were very abusive to her,’ and he said, ‘that’s not true.’ Which is very true because I have seen him beat my mother! One of my first memories of my childhood was him beating my mother on the floor! And, I was like, ‘that’s not true, you have been abusive and you have hit her.’ And he said, ‘that’s not true, I’ve only hit her once and that was because...’ and he used a word, like, ‘she’s just not very submissive, or submissive enough.’ And we got in a huge argument. And that was the last time we have ever talked about it.”

A couple of months after our follow-up conversation, Karla and I meet at the same coffee shop where we first met to feel things out. We even sit at the same table, until I suggest moving when another table becomes free, so that I can charge my dying phone battery. We sip lattes and nibble tea breads and catch up on each other’s lives. I ask Karla if she will share more with me about who she was as a young woman, during the era of the abortion. I’ve started to write Karla’s story already, but the details she shares about her teenage life help me fill it in and I send it to her the next day to review. After our meeting Karla texts me: “So good to see you today! Thank you for listening to me and making my story valid. Huge rush of emotions on the way home. Lots of tears, but very cathartic. Still a lot buried in there.” I text her back, “Your story is so important and I am honored to be able to hear it. I’m glad that this process has been fruitful for you. Thank you so much for sharing with me!” The next morning, Karla texts again: “Wow! Lots of trouble sleeping last night. Just wanted to hear your thoughts on some insight I’ve come across. Thinking the way my pregnancy was ‘taken care of by my mom’ has maybe led me to struggle with making choices on my own, beginning a pattern of feeling highly inadequate. Hmmm. Any thoughts?”

Since Karla and Melissa's stories had this very aspect in common—having their abortions taken care of for them—hearing Karla's new insight jogs a memory of my conversations with Melissa. She told me, "I would have wished that it would have happened differently, but it didn't. That my experience would have been one where I was fully a part of it. It definitely shaped the way that I feel about myself and how much choice I can have, I know that." Given how Melissa says she internalized her experience of lacking agency in terminating her pregnancy, Karla's reflection seems quite plausible, and I tell her it is in the very least *a truth*. I also send her the story to read. Karla replies, "I need to read it a few more times, but it gets me emotional, so it seems to be right on." Later she signs off as it is, asks for a pseudonym for the first time, and tells me, "Thank you so much for telling my story with honesty and truth!"

When Sara reads her story through my gaze, she makes the astute observation that it's like seeing a photograph of yourself and thinking, "oh, *that's* what I look like." I haven't had the opportunity to get a richer description of Sara yet, and I think it will feel more authentic when we talk more. Laura, too, needs multiple re-reads. But, her response is, "Oh, Katherine, this is beautiful. I think I will be able to articulate the swirl of feelings I am experiencing after reading this more in time. It is raw, yes, but my immediate response is deep gratitude. Just as there was healing in giving you my story and in hearing yours, there is something really powerful in reading my own words back. Especially seeing them couched in your empathy and compassion. Thank you."

The text exchange with Karla demonstrates how the method is working outside the confines of the formal interview process. I never once felt with any of my collaborators that there was an overstepping of boundaries, or that roles were blurred. I did not feel put upon with

Karla's texts. I felt honored that she would want to share with me her process and reflections. I did not worry about how to respond to those communications any more than I would with a friend. If anything, I wished that I could have developed even more of a relationship with each of the women, and that my data collection could have been long-term and more informal—being in the field more, developing our friendships more. But, we are all busy in our lives, and this time, this relationship, this remembering together is just a moment, just a piece of it all.

The email exchanges around my first attempt at *telling their stories* show how I mean to make this a collaborative effort and I do not want to pretend to be speaking for them, but rather to be engaging in a dialogue in which our stories intertwine and I knowingly interpret their stories through my own experience. How does this compare to the verbatim or case-study writing process in CPE, or even charting in the medical record? We, of course, don't have a chance to check in with our patients about whether or not our write-ups are authentic representations of them. After my brief hospital stay when I gave birth to my son, I imagined the disparaging things hospital staff might have said about me, how they may have pegged me as “non-compliant,” simply by virtue of the fact that I tried to deliver at home and came into labor and delivery as an emergency transfer. I wondered how each new person entering the room could have been biased by that characterization when they read my chart notes. Stories are being told for us all the time. What if we learned how to do it in a way that acknowledged it as a subjective truth?

After working in a clinical context for several years, and then not, I have profoundly missed the intimacy that comes with spiritual care encounters. There is something so nurturing about it, even amidst despair and sadness, to be witness to another human being's deepest fears and longings. There were always some relationships that I would wish could be longer-term, as

my experience in my first unit of CPE with a critically ill Indian man who was my age and to whom I felt very drawn attests. But, there is also a recognition that the function of the relationship is one that is very temporary. You never know if the person will be discharged, have a crisis that sends them to a critical care unit, or even die. They may just not want to talk to you again. You have to be willing to go deep, knowing that it may be your one and only encounter. You have to open completely and be willing to be changed by the encounter. Chaplains are trained not to bring their own needs into the room, but I don't think that's a fair expectation. Just as I as a researcher engage in relationships with my collaborators looking for insight into myself—which is made far more transparent by using an autoethnographic approach—as spiritual care providers, we may have needs that are met in the relationship with our patients, congregants, and clients, and we certainly always have our own interpretive lenses. That doesn't necessarily require us making them explicit to those we serve, but it does require that we honestly reflect on what they are and be vigilantly aware of the challenges in navigating professional responsibilities amidst those personal motivations and subjectivities.

The privilege in bearing witness is made especially apparent to a listener when moments of insight pop up. During my first conversation with Sara, it was around her connecting her own self-judgment around “feeling stupid” for getting pregnant and having an abortion, not once, but two times, with certain expectations that were placed on her as a child. And with Laura, it was in her acknowledging that part of her delay in getting the abortion, part of her denial, was the result of her ambivalence. For her, being able to articulate now how much she wanted him then was an important part of the process. And for Karla, in addition to recognizing how her mother's role in her abortion had affected her long-term, being able to name the grief she feels around the

abortion and to acknowledge the loss of a potential child was also an important insight which came through the process of sharing her story. In subsequent conversations with Melissa, she was able to articulate more honestly her desire to be a mother and the sadness she feels of possibly losing that opportunity.

In conducting this kind of research, you hope that the potential benefits for your participants will be much greater than the potential risks. You are asking for people's time, experience, and vulnerability—not only in the moments that you are with them, but also in sharing their stories with others—and the least you could do would be to offer them some experience of care and compassion in return. Feeling heard. Being understood. Gaining greater insight into themselves too.

The injustice in it

We're just wrapping up the second of our formal conversations, Laura and I, and we're talking about how it's easier to talk about having had *one* abortion, especially as a teenager, even though that's hard enough, than it is to talk about multiples. Laura says about disclosing her abortion, though she's actually had three, "I have some feeling about having to justify it by being really young. It's the same idea that it's a mistake that a young person can make but if it happens when you're older, you should know better."

I think of my friend who six years ago was forced to terminate a pregnancy she had with twins. Mostly for cultural reasons—that it would be unacceptable for them to have had a pregnancy before marriage, so, from her boyfriend's perspective it just needed to be taken care of. She knew with all her heart that she didn't want an abortion, but she didn't know that it would

have the long-term consequences that it would for her and for that relationship. They later married and had a child, but she could never forgive him and the conflict grew to the point of violence, and ultimately a separation I suspect will lead to divorce. She cried and cried at the procedure and every day feels the ache of the loss of her babies. When she told me about it, she just kept saying to me, through tears, "I wasn't a child. I could have done it. I wasn't brave enough." Presumably some of this judgment was in her comparing her own story to my becoming a single mother now. She also couldn't reconcile the relief she felt, partly due to having had severe pregnancy symptoms with twins, with the immense sadness, which added to her feelings of guilt.

I mention this friend to Laura and, as I'm describing what happened and her response, say it's, "Just this self-flagellation over, somehow you're supposed to be super-human and you're never supposed to put yourself in a position where you could have an unwanted pregnancy, and you're supposed to miraculously be able to handle whatever gets thrown at you since *you brought it on yourself*, you know. Intellectually we can be like, that's dumb, but we've been so hit over the head with an anvil every day of our lives, really, around this stuff, and about how it's our responsibility as women to take care of everything around reproduction. And, yeah, that we're adults and we should know better."

I connect it to her own story, saying, "I know you identified yourself as a feminist even at 16 when you had the abortion, and that was why it was hard to reconcile the feelings, because you're like, 'I know I want to have this choice and I should be able to exercise this choice, but it still feels awful.' As feminists, thinking about how the burden of procreation falls on us, virtually exclusively, it's insane."

Laura agrees with me, “It’s not fair.”

I continue passionately, “But the shame part, that you feel ashamed, *but what about the other person?* All of it gets thrown at you; you're the one who has to carry it your whole life. I mean, there are some men who are impacted deeply by pregnancy and its loss, including abortion. But, for the most part we get defined by our reproductive experiences in a way that they do not.”

“That's really true,” Laura affirms.

“And it's really unfair.”

“It is. We don't talk to men about how many abortions...”

I interrupt before she can finish, “They’ve been party to? No, and in most cases it's going to be a lot more than one. I'll tell you that much. Of the dudes that do talk about it with me, it's definitely multiples.”

Laura wonders, “Does *The Abortion Diary* have men's stories?”

“Yes, but just a few.”

Laura closes out our conversation, saying, “It’s almost becoming cliché how the double standard works on so many levels.”

Sara didn’t even tell her boyfriend that she was pregnant, much less that she had an abortion. And it happened twice with the same guy. They were together on and off for almost a decade, but she wouldn’t tell him until many years after their story ended. She didn’t tell her parents. She told only one person when it was happening. She shouldered the entire weight of the abortion, two times, by herself. “I think definitely the less people knew about it, the less I talked

about it, the less it was a real situation,” Sara tells me. There is shame in her story, especially about ending a subsequent pregnancy, but unlike the rest of us, she doesn’t name a sense of loss around her abortions. For her, it’s the secrecy that has taken the biggest toll. She acknowledges the feelings may have been complicated had she had trouble getting pregnant or keeping a pregnancy when she welcomed the possibility of a child later in life.

I tell her, “It’s pretty shitty that that’s what society gives us around this stuff. I mean, it seems to me, at least what you’ve expressed so far, any difficult emotion you’ve had around the abortion is shame-based, which is about social disapproval. Whether that’s social disapproval about the abortion itself and around electing to end a pregnancy, I don’t necessarily hear that as much as just being a sexual being and taking the risk of pregnancy to begin with, which is a pretty normal thing to do. You know, you made the comment, ‘no one else was getting pregnant,’ well, you weren’t talking about your abortion so probably they weren’t either! But you know, how fucked up is that? It’s the secrecy, it’s the imposed secrecy that you should feel like a bad person, you should feel like you’re stupid, you should feel like you did something terrible. And yet, there’s two parties involved in this. And they never have to live with this shit. What’s up with that? Why is it all put on us? I mean, as young women, especially, as 17, 18, 19 year-olds?”

Sara sympathizes, saying, “Definitely not equipped to deal with that pressure. Or, the range of emotions. And the double standard. I like to think that that’s getting better. Maybe that’s only because I’ve gotten older. I don’t know if women of college age have gotten any more equal in that area. I don’t know.”

I appreciate her optimism but I cannot think of how anything has changed in twenty years to make young women’s experience of unplanned pregnancy any different. Any more equal. It

seems baked into our biology, and deeply-seated cultural expectations and norms, as well as a virtually non-existent social support system. And it seems the politics around it have only gotten worse. It's also been complicated by prenatal genetic tests and counseling, and elective abortions with planned pregnancies. Women still bear the brunt of society's disapproval around these choices.

Later, when I talk to Karla, my anger will have evolved somewhat. At least to a place where I feel like I have something I can do to correct this principal injustice related to unplanned pregnancy, abortion, and their effects. The thoughts first emerged in talking with my father, but they crystallize in the follow-up conversation I have with Karla.

“One of the things that's come out of this project for me thus far, because I have a son, and because I've had these two pregnancies more recently in which my partner completely abandoned me—was not able to be supportive to me in any shape or form—I realize as a parent I feel this incredible responsibility to really instill in my child a reverence for sexuality. And, a complete and total acceptance of his responsibility as a male partner in that relationship. If you're old enough to have sex, then you have to be old enough to deal with the consequences, the potential outcome. Not to scare him, but more to make sure that he's not going to be that kind of person; that he's going to be able to stand by whomever he's in a relationship with, and that he is going to show up even if there's a parent who's trying to elbow him out—that he's going to be able to show up. And maybe that's just a pipe dream, but I feel like if I know I move into this relationship with him with that kind of intentionality, maybe I can help to raise a truly feminist young man who really takes responsibility for his own sexuality and for the relationship that he has with young women, if he in fact even has relationships with women. I don't know. But that's

one of the major things I'm taking out of this. Because it's not like we can keep children from having sex. And it's normal, and it's healthy, but it's laden with all this crap.”

I’ve recently seen this storyline of unintentional pregnancies show up in a number of contemporary television series, and either there’s an abortion that happens without much fanfare, or, the guy is totally down to raise the kid and then marries the woman satisfying all of our romantic inclinations, of course. These are really simplistic storylines that I don’t think help people empathize with the nuanced experiences that people actually have in these situations. It frustrates me that even in my own imagining of a world where some of this double standard can be mitigated, it may seem like I am forwarding traditional values around marriage and the “duty” of a man. I’m not. I don’t think marriage has much to do with it. In fact, it’s part of the problem.

If marriage between a man and a woman is the only social construct in which it is acceptable for children to be born (though this has changed to some degree with a significant increase in the number of cohabiting parents⁶⁶), then what happens when those conditions are not met? Can we be a little more imaginative? Can there be parallel approaches to rectifying this gender inequality inherent in reproduction? Educating boys and young men to take shared responsibility,⁶⁷ and also creating scenarios—villages, extended families, social services—in which women of any age can choose to be mothers, without threatening their wellbeing or their children’s, even in the absence of a willing partner, and thereby removing the shame and stigma?

⁶⁶ See Pew Research Center. (2018). *Facts on unmarried parents in the U.S.* Retrieved from <http://www.pewsocialtrends.org/2018/04/25/the-changing-profile-of-unmarried-parents/>

⁶⁷ Because it is completely outside the scope of this dissertation, I do not explore even larger structural injustices related to the criminalization of Native and Black Americans, especially, and mass incarceration, the cycle of poverty, trauma, and all the ways in which men are not given a chance to take responsibility as parents. With forced deportation, families with undocumented parents are also being ripped apart. None of this reflects the kind of values which, if privileged above others, would allow for us to create conditions in which elective abortion would be less frequent or necessary.

It's something that starts with girls and women being sexual beings, and having the possibility of being left to deal with pregnancy and children on their own—or else having to be tied to a sexual partner they don't want to be tied to—and not with abortion itself. Of course, keeping abortion safe, legal, accessible, and ideally, low-cost or free is also essential in imagining how we can do things better as a society.

What can be done about it?

Laura is a birth doula. Though she is trained as a full-spectrum doula, which means also in accompanying women having abortions, she has not actually done that work. I ask her if she might consider it now, after having had her son, and having shared her story with me. Being on call for births is hard to do when you are breastfeeding and have a small dependent person. She has gotten a job in early childhood education instead. But, we talk about the LA Doula Project she's been involved with, and she tells me some interesting things. She tells me that when they do the trainings for abortion doulas, they're looking out for people who have their own abortion experiences. I incorrectly assume, at first, that she means they're "looking out for them" because they want people to have had their own abortions—certainly from the way Melissa and I think about what creates safety and healing more than anything, it is in having this shared experience.

Laura tells me that for some people it is still too raw. "As a doula, you're striving to be without agenda...as much as possible, to not be attached to outcomes and to just be present, just be fully supportive of the story unfolding before you." And, of course, you don't want to bring too much of your own stuff into the room.

Interestingly, what she describes in a doula is not dissimilar from what a healthcare chaplain is supposed to do. And why student chaplains have to do so much interpersonal work in peer groups with individuals who are culturally different from them, in terms of race, sexuality, gender, theology or worldview, thereby developing their intercultural caregiving capacities. And also why it was critical that I would be able to disclose my abortion to my CPE peers eventually. Better to work it out in that context than in a clinical encounter.

Do chaplains ever minister to abortion patients? People who have elective abortions are rarely in hospitals in the United States, as the procedure is overwhelmingly performed in stand-alone clinics, where my and my collaborators' experience suggests there is an intentional lack of emotional and spiritual support available to patients—perhaps to avoid compassion fatigue on the part of the abortion care providers, I don't know. Apparently, in Australia it's a little different, and chaplains do have the opportunity to serve women as they experience abortion (see Carey & Newell, 2007). Abortion doulas have brief encounters with their clients. It's not enough. And, there are too few of them, and the relationships with clinics are not well established for the most part. Could we have abortion chaplains? (Of course, for them to be taken advantage of would require the disabusal of the most prevalent stereotype of chaplains, that they are there to proselytize or shame/judge, etc.) Is it too late in terms of the structure of abortion care to consider offering first-trimester abortions in a hospital context to perhaps make a more robust and holistic support network, and hopefully a far less dissociative experience, available to patients? For future research, it would be interesting to look at the emotional and spiritual experience of women receiving therapeutic abortions or who experience fetal demise in a hospital context as compared to that of women having abortions in clinics.

When my collaborators talk about their abortion procedures, even though it's decades later, they use descriptions that suggest the experience was traumatic. Not wanting to look into anyone's eyes. Staring up into the ceiling and going over a dance routine as the vacuum sound signifies the ending of the pregnancy. Not seeing or communicating at all with the doctor performing the procedure; the clinic staff a bunch of nameless faces. One doctor showing an unusual amount of empathy saying, "Don't cry, you're going to make me cry." A nurse talking about the patient's tan lines to distract her. Having a memory of "having to get out of here" and trying to get up from the recovery room while still groggy and unstable. For Laura, bleeding out and having to be transferred to the hospital for sedation and completion of the procedure. My mother feeling like she was watching herself drive me to the procedure—like she was another person doing this thing she absolutely didn't want to do—and wondering how she possibly could have sat in the waiting room knowing what was happening to me.

Melissa and I talk about whether or not we could make this experience any better if we didn't build disassociation into the whole process. That would require that we normalize difficult emotions that people might have around an abortion experience and, then, allow people to have them and acknowledge them. It seems intentional that this is not the case now. Typically, you're just shuffling from one station to the next and there's little in the way of relationship with patients and care providers. One friend was crying uncontrollably and a nurse asked her if someone was coercing her to have the abortion. He was, but she said, "No," and that was that. Is there really so infrequently anyone saying, "Wow, I know this is a really difficult thing and I'm here with you"? Can you really not bring a family member or friend into the procedure room with you? I mean, you're on your own at 16, 17? I suspect that it's a way of protecting abortion

care providers from compassion fatigue, but it's not providing integrated care to women receiving abortions.

In addition to her podcasting and academic work, Melissa, like Laura, is trained as a full-spectrum doula. She has served abortion clients, and she corroborates that abortion doula work offers only a slight bandaid to a system that is very much not patient-centered. Melissa explains, "As an abortion doula...we don't spend that much time with people. So we don't really know who they are, their stories, we spend a couple minutes with whomever is having an abortion. Just when the procedure is happening. And, if it's a second-term abortion, you might see the person twice. When they do the laminaria⁶⁸ and stuff, and then with the procedure, but then they put them to sleep, so you're not even with them during that time. So, I don't think [abortion doulas] are really an exception to that rule [where disassociation is built into the abortion clinic culture]. I also don't think many of the people who become abortion doulas have that experience as well, of having an abortion, so I don't think they're an exception."

I ask Melissa to talk more about this gaping hole in abortion care, and she says, "There should be more counseling, for example. There's supposed to be counseling before, but there's nothing offered to people after. So, I think a lot of the issues around [not] offering people what they might need, in terms of talking to someone or being connected to someone, a lot of that is created with the way the structure of an abortion clinic has been set up."

Melissa, like Sara felt in her sorority world, and like I feel in both my academic and religious environments, is an outsider in the professional domain she inhabits. Her storytelling and listening project does not fall within the bounds of what is deemed acceptable abortion care

⁶⁸ A kelp-derived product which is used to dilate the cervix.

work (based on conversations she's had with people in the know regarding funding opportunities).⁶⁹ For that reason, she has had to almost exclusively self-fund the podcast. She also finds it difficult to encounter organizations or individuals within the reproductive justice movement that share in her overarching *ethic of care*, absent of political agenda. There's no obvious place for the critical work that Melissa does within the existing system, among its advocates and funders. I can see that she would make a good chaplain, with the listening skills she has honed through years of facilitating abortion story sharing, and while she has thought about pursuing more education so she could be in a certified therapeutic role with abortion patients, she is more interested in training others involved in abortion care (and perhaps more general areas of health care and/or pastoral care) work to listen. I find myself getting excited at the prospect of bringing together all I've learned from CPE and clinical ethics pedagogies, my narrative research commitments, and my Buddhist practice and training, with Melissa's on-the-ground work as an advocate, doula, and story listener/podcaster. Where are our clients? Where are our backers? Is there anyone who would support this kind of work?

⁶⁹ It seems to be related to the way that NPR was uncomfortable with the *mizuko kuyo* story "conflating" abortion and miscarriage, as they said. There is a hardline abortion advocacy viewpoint in which acknowledging ambivalence or difficult feelings on the part of an abortion patient is tantamount to being a pro-lifer.

Chapter 7

Listening to and talking with my parents

The accidental ethnographer feels the urgings of the heart, the surging energies of the spirited body, and knows that she or he is called to move with the heart's flow, to live out the promise of the mystery, to write the dream story, to build a life of memory morphing into story, to construct spirited meaning, to follow the rising spirit to new and treasured places. The accidental ethnographer is a spirited researcher, building interconnectivity through remembering, through dreaming, through wandering, through writing, drawing on the resources of the heart, of the mind, of memory, birthing story as a pathway to connecting the past, the present, and an imagined future. (Chris Poulos, 2009, p. 64)

In the summer of 2014, twenty years after my abortion, I honored my unborn child in a *mizuko kuyo* funeral ritual (see Appendix 2). My parents were at home, in driving distance from where I was on retreat. I could have asked them to participate but it didn't really even occur to me at the time. I talked with a friend a few weeks afterward, a freelance radio journalist, and she was interested in the concept as a potential story for NPR. She asked me if I would be willing to do an interview. I agreed. At that point I had to tell my parents since I would be broadcast on national radio talking about the ritual and my abortion! As it turned out, the piece didn't run for almost a year (see Prichep, 2015).⁷⁰ My parents and I had several conversations in the interim. I also ended up recording my story for *The Abortion Diary* that fall. All of this was part of a long-overdue grieving process, in naming my loss and acknowledging the role it had played in my life story. At the same time, I was completing my final unit of clinical pastoral education and sharing my internal process with my peers and supervisors. All of this would culminate in my deciding to have the abortion story play a significant part in my dissertation project.

⁷⁰ Somewhere along the line someone who has some decision-making power at NPR, at *All Things Considered* in particular, said that they didn't like Deena (Prichep)'s story because it conflated miscarriage and abortion. She talked to me and she talked to someone who did a *mizuko kuyo* after a miscarriage and we had similar experiences, not surprisingly.

Although I was a year off from designing the study and gaining approval from the institutional review board, it was time to broach the subject with my parents. It was just after Christmas and we sat down for lunch at the same table we would have formal conversations at three years later for my fieldwork. I began by explaining the ritual and it wasn't long before my mother began to sob, taking her glasses off, getting tissues, holding her face in her hands. My father just listened really intently. Neither he nor I made a big deal out of my mother's emotion. I slowed down and continued telling the story until it felt appropriate to pause and ask her what was going on. She said, "I just can't live with myself." At the time, I wasn't able to hear that in a compassionate way. I couldn't imagine what she was talking about. It's only now, nearly four years later, after having had several very intentional conversations in which we could process things together, that I can understand the depth of my mother's pain around my abortion experience.

I told my parents that I believed they would throw me out of the house if I didn't terminate the pregnancy, and I said to my father that it felt really unfair because it seemed like my bodily integrity and my emotional needs were trumped by a paternalism (they honestly thought they knew better what was best for me), but more significantly, by a need to avoid the shame of having a daughter who got pregnant. "I distinctly remember standing in the foyer of the old house and you saying to me that you would never be able to face your father again if I remained pregnant." My father doesn't remember and is horrified he would have said such a thing, but he doesn't deny it. Was it because I had such a tangible memory of him saying that? That I could situate where we were? Did it make my memory more reliable? Or, in my telling, did it trigger a memory of his own?

Whatever it was, this retelling led to both of my parents saying what they wished could have happened—that they wished they had been able to imagine other possibilities and could have supported me to make the choice that I believed to be best for me. This would be the beginning of a long healing process.

In April of the next year, I would ask them to listen to my recorded story on *The Abortion Diary* podcast. I would listen to it myself for the first time and weep. In that moment, I would have the thought, “Wow, you know, my abortion story is my life story in some way. How the hell did that happen?” And I would wonder why an event would be traumatic and have decade-long reverberations for some and not for others. I would reflect on the power of the *mizuko kuyo* and feel this sudden sense of meaning and purpose as I heard myself talking about facilitating the ritual, including all of these other people in it, and offering that healing in such a mutual way. Cultivating deep compassion. It was a powerful experience, and there was a sense of “this is what it’s all about.” I had to suffer in this way, so that I could offer this care and compassion. And that’s what I’m supposed to do, but I don’t know in what context. I don’t know where I belong. I don’t know who my people are.

Then, after *The Abortion Diary* recording was posted, I experienced being seen and heard by those people close to me who wanted to listen to it. My parents’ responses were very moving. By just telling my story and having them listen in the way that they did, we were well on the way to healing the hurt between us around this event.

Only three months later, I would become pregnant. This would raise additional questions and concerns, but it would be an incredible balm, especially for my mother’s own feelings of grief and guilt around my missing out on parenthood.

They couldn't know what it was like

Sometime later, on two consecutive October afternoons in the fall of 2017, in recorded conversations in the sun room of their beautiful wooded home, I talk with my parents separately for my fieldwork. As they speak about what happened, they both frame the story in terms of the significance of the relationship I had with the young man at the time, and also in terms of the family and social context in which they were each raised and how that shaped their own beliefs around unplanned pregnancy—particularly outside the context of marriage—and abortion. Both admit to feeling like their parents would judge them as bad parents for allowing their teenage, unwed daughter to get pregnant as they determined how best to respond to my situation all those years ago. But, primarily they were concerned that continuing the pregnancy would “ruin my life,” in my mother’s words, particularly in terms of making it difficult or even impossible for me to pursue further education as a young mother.⁷¹

Having already recorded the stories of my collaborators I knew the power of listening in that particular way and, so, invited my mother and father—each on separate occasions—to share their own story of what happened without interruption. Neither of them had any trouble accessing their memories and emotional experience and, both, while feeling some trepidation in anticipation of the conversations, felt that they were connecting and helpful to them in some way. While I had initially envisioned my project as having more of a focus on the familial relationships and the moral decision-making process that we went through as a family, my more recent pregnancy and the birth of my son—their seventh grandchild—had already offered a lot of

⁷¹ Now, my mother adds, “My thinking that the pregnancy would ruin your life/damage your future made it impossible for me to anticipate how having the abortion might also ‘ruin your life’.”

healing for us. Listening to them talk about their own experience of what happened only added to the connectedness and feelings of relational well-being, but it also felt like there wasn't much to work out at this point.

“We tried, I think, to be pretty much hands off, having had our own teenage relationships with the opposite sex, and knowing we did not want to really get in the way,” my father tells me, when I sit down to listen to his version of the story. And my mother, “As time went on, that was a relationship we were very happy with. We knew that Rich and you cherished one another...” She also says, “I had my own experience of fearing pregnancy, when I had sex before I was married and that was difficult too, for me to be afraid of it. And, fortunately for me, I never needed any kind of answers to what I would do...because it didn't happen.” My father too, acknowledges the importance of the relationship I had been in, and how he doesn't know what he would have done had he been involved in a pregnancy at such a young age. “I couldn't appreciate the extent of the love that you two had for each other. That was partly due to my blindness, and my own feeling that when I was that age love was, yeah, sure, you say 'I love you,' but do you really know? Are you really committed to somebody? From my own experience I couldn't say that I was. Certainly not to the point where at 17 I would have committed myself to somebody, but, on the other hand, if that person had become pregnant as a result of a relationship with me, who am I to say? I don't know because that didn't happen.”

I don't know how often my parents have spoken to each other of the abortion but I doubt much, if at all. I'm intrigued that their emotional response and recall now is quite similar (to the point of echoing each other's wonderings of what they would have done being involved in a pregnancy at a young age) and that they have so much empathy for me as that young woman

experiencing first love, pregnancy, and abortion. I also think about how young they were when they married, having only just turned 22 and 23. Do you know any more then? Supposedly the human brain is still developing until age 25, and there are people who think that adolescence should be extended into the twenties, instead of just to age 19 as it is now. Such a strange social construction it is, and so in conflict with our biological nature, which is that we are often sexual beings totally ready to reproduce as young as 12 or 13. How much anguish this causes during the teenage years for so many.

Enacting a sacrifice

One of the sharpest memories I have of the time leading up to the abortion was standing in the foyer of my parents' house and having my father say something to the effect of, "I'll never be able to face my father again." Just on the other side of the front door from where we stood, were stone steps that I imagined sitting on with a newborn baby in my arms, the door firmly closed behind me, never to be opened again. I don't know if my parents actually said to me, "you can't stay with us, you'll be on your own," but whatever their arguments were for my having the abortion, I internalized them as such. And this one sentence from my father was seared in my heart.

Rebecca Parker (Brock & Parker, 2011) recounts her abortion experience, one she ultimately understands in terms of learned subservience of some kind, a "gesture of sacrifice," asking "What if my choice for an abortion was the performance of a ritual that I was trained to enact, not the exercise of genuine moral discernment?"(p. 26). I think of her story, and I realize that I too enacted a sacrifice because, as Parker notes, the pregnancy was a blessing and its end

was a significant loss (p. 25). I made that sacrifice in order to save my father from shame. And, all these years later, my father is horrified that he might have said anything about being ashamed of me, much less that this is what weighed most heavily in my decision-making. He doesn't really remember the encounter, but he believes me that it happened.

When I listen to his story, he brings up this encounter and how painful it was for him to hear me recount it several years earlier at the outset of the dissertation. My father tells me, "I started thinking about, why did I say that? Well, I think it's because my dad, in my opinion, was very judgmental. He could have just said, 'hey, this is advice,' but maybe the tone of his voice when he said it sounded like squashing me into a second-class citizenship position. You know, he doesn't really approve of what I'm doing, on and on and on. And, so, I grew up with this, I don't want to call it burden but, difficulty. I can't say, I'm not trying to make a judgment on him, but this is how I felt. And, so, though it would have had nothing to do with my advice to you, because that was based on your future, I'm sure that I at some point would have thought about my relationship with my father, because I felt that he was keeping a very close eye on everything that I did. If I mispronounced something, that was not good. And on and on and on. And I had a feeling that he would have wondered about, well he did wonder about my character anyway, I know he did. At that time, I was worried about his judgment of me as a parent and that I would not have necessarily have given you good parenting. That's probably why I said that. I'm trying to reconstruct that, but that's the best I can do with it."

Imagine if we could have had this conversation then? Imagine if we could have thoroughly reflected on what the long-term consequences might look like relationally, for each of us, with our own fathers, among the various options? Maybe my father knew there was nothing

he could really do right by his dad, so what the hell? If he had been able to understand what the sacrifice of the abortion would actually mean for me, he might have valued the relationship with me more than the one with his father. I don't know. Perhaps too, if my father had applied his personal maxim not to repeat the mistakes of his own father, he would have recognized that he was playing out a multi-generational narrative, one that had allegedly led to my grandfather and his second wife having a pre-Roe abortion because his mother (my father's grandmother) did not want an ethnically Jewish baby in the family.

The personal conflict of abortion

When my mother shares her story, she articulates for the first time to me that she is personally opposed to abortion. As we talk, I get the impression that it stems entirely from my experience as a teenager, but later, as she reads a draft of this chapter, she asserts that she has always been conflicted about abortion. We quibble a bit about semantics, I suppose because I associate moral emotions with values that derive from (or at least are most clearly articulated in) our religious traditions first and foremost. My mother's father was a Yale Divinity School professor and a theologian who considered himself process relational; I've always understood that to essentially mean he believed God exists in relationship. I don't think of my mom as being very religious, but she was shaped in an unconventional, arguably radical for the times, theological environment. Still, she is culturally Christian, if nothing else, and I believe has to have ideas of right and wrong attached to that belief system. I make the mistake of using the word "sinful" to describe what I hear her saying about her own role in my abortion. We go back and forth.

“Would it be fair to say you are personally opposed to abortion? While you understand that it's a necessity in our particular kind of society, it's not something you would ever want for yourself, clearly, and also not something you would want for somebody you love, but it's taking life; it's ‘sinful’ in some ways. I mean, I don't mean to use religious language like that but ...”

“I accept it. I feel like it's taking life. I would never use the word sinful.” She protests.

I push on. “So, where is the hurt, because you used the word hurtful a lot. So where do you think the hurt comes in when you think about it?”

My mother responds clearly to this question, saying, “It’s the loss of the child. That's one of the hurts. The other hurt is having you have to go through that hurt. I know how hurtful that was to you, and I regret that so much, and that's why that feeling of blame comes to me to say that I should have interceded that night. I take some of the responsibility on myself that way.” Somehow she thinks that she could have stopped the pregnancy from happening by keeping us from going into my bedroom that night. It’s strange, though, I don’t even remember her being there. I only remember my father. But we had had sex many times before, so what about that night would have made it different? Did my mother know enough to know that I had gone off the pill and was vulnerable to a pregnancy (now, she says yes she knew)? She certainly knew that we had argued and were perhaps broken up before that night.

I wonder how she can possibly take responsibility for that. I wish I could take that away for her but I suspect it has pretty deep grooves at this point. “I think what's different for me when I hear you talk about it now is that I have a sense that the moral weight that you feel, the culpability that you feel, blame, guilt, whatever—to me those are moral emotions, so when I use the word moral, I know I used the word sinful, but I tried to couch it to say, I don't mean, God-

castigating when I say that, but, I think what's new for me in listening to your story is that you feel personally to blame, not so much for what kind of harm it caused me even—obviously that's part of it ... or, it's most of it—but, it seems to me, even participating in the act of, being a party to, it's almost like being an accomplice to murder. That's something that's very new to me in the telling today. And, correct me if I'm wrong.”

Again my mother takes issue with my word choice. “I would never use the word murder.”

“But, taking life is.”

“Not necessarily.” My mother stands firm.

“It's killing,” I say.

“It is killing.” Okay, we’ve agreed on a word.

“And, you know in the Buddhist tradition, that's the primary abstention principle that guides everything. And of course in Christianity as well.”

“But, I want to make sure when you use the term *moral*, I'm not saying that a person who has an abortion is a bad person.”

I assure her, “I don't think that you are.” And, I try and sum up what I think my mom is saying, “But I think you personally feel bad, you personally feel imperfect, you personally feel faulty, you personally feel to blame for a) being a party to that, and b) having allowed your child to be a party to that, to have to experience that. That's what I'm hearing you say. And that feels a little different from what I've heard you tell me before.”

“My grief was certainly very strong.” Perhaps talking about it in this way is problematic for her. But, she’s homing in on the key emotion.

“Right, and that's for the potential life lost. The grandchild you never got to know. And, also the grief for me for not having had that child as well.” I think I’ve understood finally.

“Right, right. But there is something very similar to say for the grief for the child that wasn't allowed to live, and the fact that you have made sure the child didn't live, which is what abortion is.”

I tell her then, “I’m not sure I understood that.” But, now, I can see that my mother understands the fundamental moral problem for me with abortion, and what I’ve been trying to say by using the term *taking life* especially. Why for me the experience of abortion was a far more significant emotional challenge than were either of my miscarriages, and why, when other people expected me to make the ultimate sacrifice of removing the growing life from my womb, there was a relational harm that was nearly insurmountable. Later, my mother will tell me, in no uncertain terms, “I have always grieved the loss of the child.”

My mother tries to explain further, “When I first thought it, I had the right way to say it, and it didn't come out the way I meant it. When you were putting it in terms of, a couple years ago, where you sensed my personal grief for the loss of that child, to me, that indicates why I don't like abortion.”

“Yeah, why you're personally opposed to abortion,” I clarify.

“It’s because you're not allowing that child to live, and I may feel it more strongly because of your abortion, where there’s my own personal grief, yes, for you, but also for missing out on a small child. It's interesting.”

Again, I’m left wondering, what if we could have had these conversations at the time of my abortion? Maybe the outcome would have been different, maybe it wouldn’t have, but maybe

we could have kept the damage from happening to our relationships. Had I still had the abortion, maybe I wouldn't have felt so alone in this hurtful act. Maybe I would have allowed my mother and father to take some responsibility for it. Or even my boyfriend. It's strange that even now I can't really conjure up any feelings of anger toward him for not showing up for me more than coming with me to the abortion procedure. I don't remember telling him about it so I certainly can't remember his response.

On the other hand, I know how it felt to have my child's father insist that my not having an abortion would destroy his life. When I was five months pregnant, and age 39, he asked me to consider adoption. Somehow, him not having to know this little person *could* be in his life, was a better outcome once abortion was off the table. But, never once did he consider what kind of pain that would cause me. And he knew my abortion story. He knew how much it had impacted me. And, still, he hasn't forgiven me for not having an abortion after becoming pregnant by him. That wound is deep. We are both very angry at one another and I'm not sure how we will move through that. This more recent experience does allow me to imagine having asked my teenage boyfriend to take more responsibility for his part, but it also makes me realize how there's no real way of doing that.

If only I had been married...

Listening to my parents talk about how they experienced my pregnancy and abortion at age 17 helps me to understand more about why I have carried so much weight from this experience decades later. I was somewhat surprised that in recollecting how they felt about what was happening, the fact of my being unmarried was just as significant as my young age in influencing

what they thought was the appropriate course of action with the pregnancy when I was 17. When I asked them why they had such a different response when I got pregnant again, as an unmarried woman without a supportive partner, at age 39, they both said it was primarily because times had changed and their own thinking around it had evolved. Of course, too, the concerns of a full-term pregnancy at this stage in the game were not the same, where they thought a baby would ruin my life at that time.

“The pregnant woman is an image of proper womanhood...as long as there is a man in the story. Single mothers present a problem, as do all women when they do not have a man at the center of their lives” (Bons-Storm, 1996, p. 60). Though this was written closer to the time of my abortion, I think it still holds true today. Having experienced a lot of “singlism” (DePaulo, 2006, 2011) or prejudice regarding my single status as a result of having a child now, I do not fully accept my parents’ reasoning. I can only explain the difference in terms of their wanting me to have the experience of being a parent, knowing I was running out of time, and accepting the less than ideal circumstances as a fair trade off to my never having a child, especially after playing an active role in my abortion experience as a teenager.

In asking for clarification around this, I bumped up against some of my mother’s more traditional beliefs and values, or at least the way she has internalized the larger culture’s norms and values around family. She said about my pregnancy with Maurice, “I know why I was celebrating. I know exactly why I was celebrating. I knew how I felt about abortion at that point [that it was not something she personally supported, especially having seen how it was so hurtful to me]. I knew how I felt about how I wanted you to experience motherhood. It was from a selfish point of view, I wanted to see you enjoy it, you’re my child, your parents are always

wanting the best for you ... But you know I never got from any of my friends, ‘what about the husband?’ They probably assume you do have a significant other or a partner, but isn't it something like 50 percent of people living together are not married? So culture-wise there's a huge change that way.”

I get triggered whenever any of my mother's biases around what constitutes family eke out. But I try and stay calm. “With marriage, especially. That people have delayed marriage so much and often aren't even getting married,” I agree.

She continues, “And having children even when living together without being married. But living together as a family unit even if there's no marriage. I think the culture has a lot to do with it. But, personally, I know as a woman, had I never had children I wouldn't have felt like I really lived as a woman. And, I think that's a lot of where it came from for me. And I knew you were hurting, before that, about your time clock running out.”

I take a deep breath after that statement, thinking, “Wow, did she really just say that?” It's a little like a double punch in the gut. A woman is only legitimate if she is a mother, and a mother is only legitimate if there is an involved father (even though she's trying really hard *not* to say that). I tried to disabuse her of the idea with my own experience, which I feel like she is projecting as other than it was for me. “I felt like I was coming to peace with it. I was really okay with the possibility that that's not the particular path I'm going to take.”

Mom's really on a roll. She adds, “Remember it wasn't that long before you told me that your doctor said it's now or never. And you kind of laughed about it.” Okay, now you're pushing

it, lady! I've got to straighten her out.⁷² "No, I did not laugh about it. I left her because I thought that was extremely inappropriate for a doctor to say to me. She didn't say 'it's now or never,' she said, 'you really should get married, and you really should have children.' If anything she was a few years older than me. A Sri Lankan immigrant, with different cultural norms, of course, but still reflective of the larger American culture as well, I think. She knew I was having sex, that was part of the problem; this was not even my gynecologist, this was my primary care physician, but ... 'you're not getting any younger, you know, you should get married and you should have children, and you should stop this other nonsense,' basically is what she said to me."

Well, I did have a baby, though I didn't get married. None of this was my plan. But, I do wonder how much the abortion at 17 contributes not only to the way my parents received the news of my pregnancy later in my life, but also to the conditions under which I found myself faced with either having another abortion, and possibly never having the opportunity to be a mother and raise a child, or becoming an older single parent in the middle of a PhD program and major career change.

The larger societal judgment that deeply influenced my parent's response to my first pregnancy, and virtually ensured that the only outcome would be abortion, is still there all these years later. It comes in the form of doctor's comments like my mother recalled; it comes in the form of an OBGYN resident coming into the recovery room on several occasions after I had just

⁷² As I wrote down this exchange, I felt myself getting triggered and I used explicit language to show that, but I hope it also comes across as light-hearted. I adore my mother and feel so incredibly supported by her in all ways. She plays an important part in this story, by way of this dialogue, in helping me to articulate the ways that I feel larger societal norms judge me as a solo mom. I worry when my mom reads it, that she will take it more personally than she needs to, and perhaps that's partly because I have not been so explicit in our face-to-face interactions about how these things trigger me. But, she is kind and understanding, and gives me her blessing to share my story as I see it, but she also adds, "Sometimes I say the wrong thing. I am sorry for that." Although it is not without risk, I am so grateful for all the ways in which this process allows us to be in relationship in such meaningful ways.

given birth wanting only to talk about birth control; it comes in the form of various people—including my dentist—commenting on how I should have known better about how to avoid getting pregnant.

Does it reflect poorly on me that at 17, although deeply in love, I could not “get” the father to commit to me? Does it now, when my child’s father who is 45 years old attempted to pressure me into an abortion when learning of the pregnancy and now chooses not to have a relationship with my child? As Amy Andrada (personal communication, Nov 15, 2018) said to me, “I am the one who stayed. I am the one who shows up every day for my child. I am the one who provides for my son.” Why would that reflect badly on the single mother? And, yet, it does.

We are all vessels of the patriarchy

When I talk with my father, it gets more political than the conversation with my mother. I don’t know why I felt more comfortable doing that with him. Perhaps because I had the conversation a day after the one with my mother and I already had some ideas floating around as a result. I see this exchange as the beginning of making sense of my story. My father too, is making sense of what happened and acknowledges how important it is that we were able to open this all up. He recognizes that there was a lot of distance in our relationship as a result of the abortion before we started talking about it and is grateful that is no longer the case.

My father admits to me, from where he stands, “[T]he issue is relationship with you, and there's a lot of regret that you lost a huge amount of feeling of support and love, for years. And it all burst out, and thank God you were able to bring yourself to say it because it would have just been more wasted time, and more misunderstanding.”

I have just listened to my dad recount his version of the story to me. And I feel so held and loved and seen and heard when he says this. He gets it. “Well, I mean you have to keep in mind too that the only reason I was able to access that stuff and was able to articulate to you what I was feeling and was able to realize it was something I wanted to explore in depth like this through a dissertation project is because of all of the really deep spiritual work I did in all the years before that, including my academic work and my chaplaincy training. My clinical training was really pivotal in bringing me to a place where I had the self-awareness of how deeply this life experience had impacted me. You know?” I’m so grateful for the opportunities I have had to explore these connections and to have gotten to know myself better, and I can see too, how it has allowed my parents and me to have a closer relationship.

I want to respond to something he said when he was telling me the story before, so I add, “And, I don’t know, I think one thing you said at some point, ‘I think you’d have to agree that having a child is a life-changing experience.’ It is but, I think pregnancy, period, is a life-changing experience, whether you have a child or not. That is my experience, so the question of what would my future have looked like, well, no, I wouldn’t have come to this exact place but that doesn’t mean that I wouldn’t have gotten a PhD, it doesn’t mean I wouldn’t have done some other amazing things with my life. I mean, I also had a lot of wayward, wandering years of feeling a lack of meaning and a lack of purposefulness and I have to wonder had I had a child earlier in my life, would I have been fulfilled in a way that maybe I wouldn’t have had that longing, that I was trying to fill a hole for all those years? I mean, who knows. It’s very hard not to have some of those ‘what if’ scenarios roll through my mind occasionally, but part of the reason to even speak that out loud right now is just to say that we don’t really know. Yes, of

course, 17 is incredibly young to become a parent, but people have been doing that forever, it's only in the very recent past that people haven't been doing it as often."

My father suggests, "And part of the reason is I think people mature slower now."

Although I feel far more prepared to be a single parent at this stage in my life than I would have been then, I also recognize that I could have figured it out. My cousin did it. I could have too. So, we're theorizing, but there's a lot of experiential wisdom informing my opinions around this. I respond, "Right, but that's all a social construction. Adolescence doesn't exist in some cultures because you have to become an adult much sooner, so, you know, if there's anything that would force someone to mature and to become an adult, it would be becoming a parent."

"That's true," my dad agrees.

I keep going: "So, who knows what ... so much of the pain that, I mean there are a lot of things where I could say why I felt pain around this experience. Yes, there was relational harm because I didn't feel supported by you, because I didn't feel I had agency entirely around this very significant decision. There was also this extraordinary amount of grief and loss which became much clearer to me as I became older and as I didn't have a committed relationship and there was no real suggestion that I might have the opportunity to be a parent. And, so, so much of this is a result of that reckoning that I had to do with life not really working out the way I wanted or expected or hoped it to."

And this is where my more recent experiences of pregnancy really colors my thinking around the pain of having had an abortion. It has so much to do with the singular burden women have in reproductive experiences. "And, so, who knows? I know that I will—I'm probably not going to have a daughter, but I have a son, and—I am going to share my story with him, and I'm

going to want him to really, really understand the significant responsibility that goes along with being a sexual being, and I'm going to want him to know that he can stand by any person that he's having sex with, no matter what the outcome is, because, that to me is the greatest injustice. The greatest injustice to me is that I am alone facing this decision, that I as a member of society who might bring a person into the world, who is only one party to that happening, that I alone have to face the consequences, no matter what. That to me is a grave injustice, and I don't ever want my son to think that's okay. I don't want there to ever be anything that allows him to think that's okay. That he can walk into a sexual relationship with a woman and not know that he has a responsibility."

I'm startled by where my father takes this thread when he says, "It makes me obviously wonder what would have happened if Rich had come to us and said I want to marry Katherine."

I push back. "But, did he have to marry me? I mean, what if he just said I recognize that I have a responsibility."

My dad gets my line of argument. "Yeah, alright."

"And I love her," I add.

"Yes," he says.

"And I can be there for her in the best way that I can. Even if it's not, 'I'm going to go get a job, I'm gonna marry her,' even if it's not those things, but just to be like, 'I'm going to show up for her.' Would it have made a difference?" I ask him.

It's hard for him to step back like this. "I don't know."

I need to talk about the double standard in all of this. How women bear all the burden of the shame that is still attached to "illegitimacy," even if kids might not experience the stigma of

being “bastards” in the same way they once did. But who knows? I’m not there yet with my son. I don’t know what it will be like for him not to have an involved father when he’s in school and the other kids and the parents notice.

I tell my dad, “I know it would have made a difference to *me*, had he been able to say that, or had you been able to say that as my parents. That would have made all the difference in the world. And I guess this is what I feel: abortion is this necessary horror that we have in a society where women are left to deal with pregnancy and childrearing by themselves, in a society that forsakes women, and children. You know? That castigates a single mother. That castigates a teenager who becomes pregnant. But, what happened to the person who got her pregnant? Nobody castigates him. He never has to face that judgment. Never.”

As difficult as empathy across gender might be, my dad is really feeling me right now. He says emphatically, with a bit of astonishment that suggests he’s really grokking what I’m saying, “You’re right.”

He’s encouraging me in this compassionate response and I raise my voice saying, “It’s bullshit!” Aware that it’s my father I’m still talking to, I say, “I’m sorry, I have a lot of anger.”

My father, my full ally now says, “No, no, no. I understand that.”

It’s time to place these issues in the larger structural context, lest my father feels guilty about his part in enabling this double standard. “But you see that you were just a vessel through which this stuff was coming through, you as my parent who was conditioned by social norms in the fifties and sixties, who had much more conservative parents, you’re just a vessel through which all those kinds of judgments that are shaped by ‘this is how things have to be,’ and it’s very much shaped by patriarchy, because if it weren’t for patriarchy, there’s no way that we

would say, ‘Oh, it's her fault, oh, she has to bear all of the whatever of this, she's gotta raise her children and I don't care, we don't have to help her out with that. Oh, it's her fault for opening up her legs.’ I mean, really, that's what it comes down to.”

Again, my dad emphatically accepts my argument. “No, no, no. I understand. I agree with you.”

“It makes me really mad,” I tell him.

“Well, it makes me angry too. Everything that I read, or most of the things I read about men makes them seem so narrow-minded and irresponsible.” I assume my dad is saying this within the context of the news which is currently full of accusations of decades-long sexual predation and abuse of power by entertainment moguls, celebrities, and politicians.

But, I know it's not a matter of a few bad apples here. So, I continue to preach. “But it's not men, it's a society that's been shaped by patriarchy. Women are vessels of it too. We're all shaped by it. As the individuals who have more power in the relationship, you have more responsibility, yes, for upholding patriarchy, but it's not like men are all jerks. I don't mean that. I mean, this system which really does not respect women at all, when it comes down to it, is the problem. And, you know, it played out in my life in a number of ways, but most significantly, in my reproductive experiences. And it's still doing that, which is crazy. I would not be able—I cannot imagine how any woman raises one or more children on her own—without parental support, without any kind of financial backing from anybody, and yet there are so many women in this country who do that, and who survive on so little and have to work multiple jobs and leave their kids alone in their apartments at night because they have to work a night job. It's disgusting. How can we be completely falling down on the job as a society, being responsible for other human

beings. I don't get it." The newfound respect I have for single mothers who struggle with far fewer resources than I have comes through as I name the injustice of a weak social system and a non-existent village.

My father returns to what I thought was one of the most important insights that had come out of my project so far, as far as raising a feminist son. He says, "Well, your determination to say this to Maurice is well-put," which I greatly appreciate.

I take this opportunity to absolve my father somewhat, and say, "So, I want you to know I don't blame you. I think these issues are much bigger than you as an individual."

He is grateful. "Well, thank you for saying that."

I add, "I'm sorry it happened this way."

My father says earnestly, "So am I."

We're not finished yet. I need to speak to the child that didn't come to be. I say to my father, "I wish, I do wish that I could have had that child. I still wish that. Because I have so much love for Rich, because I know I would have—there would have been something extremely positive about being connected to him in that way, long-term. I see how you are with my child now, we would have all had to do it together in those early years; you would be twenty years younger, I would be twenty years younger, I can't imagine that would have been a bad thing in the long-term. I think we could have figured it out. And, I will always feel some remorse about that, and loss that that was a child that I never got to meet."

Then my dad says something I never would have expected him to say. "Yeah, I understand that perfectly and, I have a measure of remorse about that too. Especially because I see your love for Rich and Rich is a wonderful person... It all could have been different, but..."

“We could have hated each other too, who knows!?” I blurt out.

“You never know, but still. You’ve had a lot of frustrating situations with men you’ve had relationships with.” Leave it to my dad to go for the jugular, even in the midst of such a compassionate and connecting exchange!⁷³

My parents have weathered some major challenges in their relationship and, it has clearly impacted me, but I let my dad off the hook a little more (on that front, at least), saying, “And, also I don’t doubt that this experience has probably been even more significant than your relationship with Carol. I mean even more than that, probably the abortion experience has really influenced my intimate relationships. I think probably both play a big role, but, yeah, it’s the way it works. You said you don’t want to repeat things that your father did that you know were hurtful to you, but then you feel, oh, gosh, I did that. To me, it’s one of the most amazing things about parenting is it enables us to do that kind of reflection and to heal some of that stuff. You know? Sort of allows for that much more self-actualization, and I would have been sad to miss that opportunity. I’d be sad to miss the opportunity to have a long-term committed relationship with someone too, but, I don’t know.”

Even with so many people delaying marriage or being single indefinitely, we still get so many cultural messages that indicate we should feel miserable if we are not coupled. I’m sorry I still feel loss around that absence in my life. My dad remains optimistic, and realistic. “Well, you

⁷³ I say this, somewhat in jest, and it reflects more the very strong cultural expectations around marriage and long-term relationships, and the internalized feeling of failure I have as a result of not having that experience in my life, than it does anything about the particular relationship I have with my father. There are many moments I feel judgment from my father, but on the whole, my romantic relationships haven’t been a major source of that.

don't know about that. At least you know that you've got the one relationship as a mother," he soothes me.

"And there's not as much of a biological clock on that, even though you know, there's other challenges as you get older and you get used to living on your own; it becomes harder and harder to do the kind of work you have to do to be in partnership with somebody. But, yeah, I think Maurice probably softens me a little in that department." My father's comment helps me shift to thinking about presence more than absence, about the incredible joy I have in being a parent and being in relationship with my child, and about how much it takes the pressure off of needing to find someone to be with romantically.

"Oh, I'm sure he does," my father beams. "How could he not, he is just full of curiosity, full of love, and he's getting that from you, so, I'm so pleased that you have him, and, well, what more can I say?" And on that love-filled note, we close out our conversation.

There's no reason my father and I couldn't have had this exchange without my doing this project, but it's doubtful we would have. Even though it was in this conversation that I articulated for the first time my commitment to raise a truly feminist son, rooted in my own experience of pregnancy and abortion, if it weren't for the conversations I had had with my collaborators prior, I probably wouldn't have been able to do so. It's all connected. I think back to when I was in the first trimester of pregnancy with my son, and my therapist urged me to consider what the story would be that I would tell him about how he came to be, and especially about why he doesn't have a father in the traditional sense. The feeling of him being my miracle child, who I had waited so many years for was very strong at that time, and I actually wanted to name him "story;" the only name I could find that really fit was a Yoruba name, *Eniitan*,

meaning “person of story.” Instead, he got a family name from his father’s side. He may never know his extended family, but he will carry a piece of his heritage that way. I am not sorry. Eniitan would have been a difficult name to carry. In any case, years later, I know part of the story I will tell him. Of course, so much of what the need to create a narrative is, is about making meaning of our suffering.

Processing more with Mom

After my mother reads my draft chapter, over a period of a week or so she has several sleepless nights where she is awakened with an uneasiness that reflects her not feeling she has “been fully honest in reconstructing those difficult days.” Initially, she has a hard time with how she sees herself represented in these pages, and she is concerned that she has been misunderstood. She sends me an email with ten points of clarification.⁷⁴ It is organized, to the point, and thoughtful. I am very grateful that she ensures her voice is heard and takes the time to do this. There’s a lot going on at that moment and we don’t get to have a conversation about it for another several days but, when we do, she has given it all a lot more thought and it’s extremely generative. I decide that it’s important enough for me to include our further processing in the chapter, and that it’s more important than some of the other personal journaling content I had included previously.

Her first point in the email is, “I have always been conflicted about abortion. It was not your experience that made me so.” So, when we talk by video conference, I start there.

“My memory of, and my own experience of that time, I never got any messaging from you that suggested that there was any other option than to have an abortion. You may have wanted

⁷⁴ I include here the critical parts of her communications with me after she read a draft of this chapter, but I do not include the documents in full as appendices out of respect for her privacy.

that, but my experience was not that we ever discussed that possibility, was not that you ever were there to support me and say, 'I'm here for you if that's what you need to do,' that was never part of our conversations. So, it may have been something you experienced internally, but I don't think you ever had those conversations with me, did you?"

"Not that I recall. One of the things, I don't know if you remember...I had the pregnancy as a secret myself, for a week, because we were afraid to tell Dad. I'm just pointing out something to you, and I think I'm only just recognizing this myself, and I want to be careful about how I say this because I don't want to play the blame game but...part of my conflict had to be my relationship with Larry, and my fear of his reaction, and I think I really took the lead from him, I followed his lead, if you will. And it may partly have been a self-preservation piece, because if you'll remember ..."

We pause as she says she's not entirely comfortable with this part of the conversation being recorded. I say that I will only include what is relevant, and that we will come to agreement about what is included. Later, after she speaks with my father, they both request that I not include specifics about the strains in their marriage. While I do think it's relevant, I'm going to defer to them for the moment. My mother continues (with slight redaction/editing).

"Inside I must have known that something was really bad between us and so I had to think of my own relationship with him. I think that was part of it. We're talking 30 years later now and I can't put it all together but, that was part of it, worrying about his reaction and how he was going to take it factored into my decision. Whether or not I was going to say to him, 'I think we should allow her to keep the child,' or not, I don't know. It is too far away for me to really grab hold of that. In a lot of ways, I'm thinking about myself, rather than you. I have to tell you this

because it's all a part of it. The other part of it is, in order to make it work, I think I would have had to stop working, which was meaningful to me. But, I don't think I was ready to raise a small child and, in order for you to have had anything of a normal end to your education, I would certainly have had to be very present for you—and I don't just mean emotionally, you would have needed my time, my help. It sounds so mean-spirited, that I would put myself first. Because I don't think I was really putting myself first. I was just holding all these ideas as to where I stood, and to a certain extent I think I felt helpless. In some ways I felt I had no other choice."

"Well, certainly that was my experience of it. That it was a non-choice. That I had no choice," I tell her. Now, I can see that in many ways my mother internalized the abortion decision almost as if it was her own. She was the adult woman whose life was going to be greatly impacted by this pregnancy coming to term.

"I had to know there was a choice. I had my niece as an example. I can't remember whether my sister kept working. I know she gave her a lot of help and childcare so she could go back to school. And I think she lived at home. I don't think that was ever an issue that we were going to kick you out. I don't think we ever felt that we were denying you a home. I know you felt that way, and we didn't do enough to counter that feeling."

"But, honestly, I woke up in the middle of the night on Thursday night, sobbing." I had sent her the chapter to review Thursday afternoon. She read it that evening.

Rather than just assume why she was in this state, I realize I need to ask her for clarification. "Because you felt misunderstood, or why do you think you were crying?"

“I think the reason is because some of these issues, things that I hadn’t faced before, I think I was beginning to see what lay behind my decision, which was being afraid of your dad, or of losing him.”

“And the practical concerns associated with that, right?” I ask her.

“Yes, that was always a fear. And I don’t know what kept me from leaving with all of the things that went on with him, but I don’t think I ever felt secure in the relationship. Not until recently, the last ten years.”

I can barely hear my mother at this point. She’s leaning back in her chair, and inching further and further from the microphone. “I can’t hear you, Mama,” I say, gently.

“I’m sorry. I’m dropping my voice because it’s painful to feel so vulnerable, number one, and, number two, to realize one of the things I most wanted to do in life was to be able to protect my children and in this case I didn’t protect you. I did think I was protecting you from having your life disrupted, and perhaps not ever being able to get back on track again when you had such a promising future, but it never occurred to me at the time that the abortion did the same thing. Derailed you. There’s a real sadness.”

“Well, it’s why we’re talking about it now, you know?” I say in order to affirm her feelings of the weight of this all. “It was a major event that has certainly shaped my life and I hope, even though you’re making yourself vulnerable and speaking about these really difficult things, that you know how much it means to me that you can be open with me, that you’re willing to reflect on these things and, really, that you can feel my heart aching with you right now—not only for the sadness around this particular event, but also for all of the complicated relational dynamics that play a part in it and that also shape me and my relationships with men as well. Hearing you

say, I never felt secure, I never felt confident in this primary relationship of your life, that partnership, that is so painful to me and so familiar. Even though I've not had a life partner, it's certainly the chronic feeling I've had in relationship with men."

"I know you have said often that your father and my relationship has really affected you," my mother says woefully.

"Yes. All of the difficulties and the lack of security has had a really deep impact on me. And it's interesting to hear you make those connections too, with this particular event."

"There's a real danger of thinking that it was a simplistic decision," my mother says.

"Well, it never is."

"You say you had no choice, but each of the choices was so loaded with weight that it's really important to get at what those weights were. I'm trying to give you a little help here but I'm feeling really vulnerable because it makes me feel that I was an insufficient mother to you, that I didn't protect you when I might have been able to. I don't feel like I consciously chose myself over you but it makes me feel so unhappy with myself."

My poor mother. She's been carrying this around for decades. I assure her, "Well, that's certainly not the outcome I want from all of this and I hope you can frame it a little differently. You know, had you been more secure in yourself, you might have been able to make different choices, you might have been able to engage in those conversations with me or with Larry or with both of us, where we could have explored other possibilities, but you weren't. And you can't blame yourself for that...All these life circumstances were impinging on you and your ability to respond in a particular way. And, of course, in hindsight you can say I wish I was this

super-hero mom and I could have just said, screw this marriage and screw my financial security and we'll go it alone!"

My mother laughs and I continue. "It's not always that easy. You're just confirming that these things do not happen in a vacuum, and that they do happen in the context of a web of relationships and competing needs, desires, and obligations, and all sorts of things. And that's sort of the point of telling a story like this, to hope that somebody could have a little more compassion for people facing these kinds of decisions and also how important it is to actually give people choices. And that means removing a lot of the stigma associated with being a young mother, with being a sexually active teenager, with pausing one's education—with all the reasons you thought it would ruin my life. Those factors are things we can actively work to address so that we do leave more options for people. Also, obviously allowing women to choose when and if they become parents is a critical piece in all of this. If you had more financial security yourself, and felt like you could have supported me that way, you wouldn't have necessarily felt like you had to quit your job. All of these are elements we can work on so women don't feel as forced into these decisions. But of course I'm speaking from a really limited perspective as someone who's enjoyed a lot of privilege in my life. I know it's not as simple as removing the stigma for a lot of people. They just don't have the resources. Or they cannot possibly have that potential life-time connection to the other party to the pregnancy. But, whatever the case may be, I hope that if whatever I'm doing ever gets out to a larger audience that it might influence somebody who has thought wrongly about abortion, and might better understand the need for women to have reproductive choice and justice."

We go off on a tangent about the Brett Kavanaugh United States Supreme Court Justice nomination hearing, specifically the testimony that comes several weeks later because of, at least from our perspective, a very credible sexual assault allegation from his youth. We both take it very personally. Later, we come back to the issue at hand and I refer back to my mother's email to make sure we've covered her points.

She tells me, "I read it through and I thought I really sounded inarticulate. And then when I got to Dad's part it all flowed so smoothly, and I thought I don't come out of this very well in comparison. So I said that to Larry and he said, 'you know, you're right!'" We laugh together as I explain the narrative function that conversation plays, and especially how it helps me to show my experience of running up against more traditional views and feeling so outside of the norms of what is expected of me, and how that continues throughout my life, and how painful that is for me. I ask her to finish with her thought.

Mom says, "So I read it a second time and I didn't feel the same way the second time through. You were putting my pauses and hesitations in because it was an emotional thing to talk about, and Larry didn't need to gather himself together to talk about it."

"He and I had a much more intellectual conversation," I concur. I think more about it now and I realize that doesn't mean that it wasn't coming from a heartfelt place and from a place of deep emotion—it was. But it was different. He didn't have to work out as much as my mother did in this process.⁷⁵

⁷⁵ My father had very little feedback for me after reading a draft of this chapter, asking only for me to take out the family name used for his grandmother, in order to make her less identifiable, as he feels that he doesn't know that his step-mother's abortion experience, and his grandmother's facilitation of it, is factually true.

“That’s what I was going to say. He really intellectualized it in a way that I hadn’t. And I don’t think he ever felt so emotionally torn up about taking a child’s life,” she reflects.

“No. Certainly not.”

“Well, he is a man and I can understand the difference there. You do know that I support abortion. That’s where the conflict comes in. I’m not out there to impose my will on other people.” My mom comes back to her core point.

“Of course not,” I tell her. “But that’s why the part of our conversation that I focused on was, what does it mean to actually terminate a pregnancy, and why is that such an excruciating thing to have to feel responsible for, because I do think that’s a big component of your part in this story. It wasn’t easy to have that conversation and I don’t think you were inarticulate or muddled, I just think it was hard to talk about it in the way we talked about it. And I do think you came into that conversation with a lot more emotional baggage around it, and the fact that we had the conversation first, as opposed to second, meant I wasn’t on my game as much either. So there was a variety of factors that influenced how our conversation went. Something I’ve done already with the points you sent me in the email is I went back and added your clarifications in some way or another, either in the text or in a footnote. I’m going to spend some time with the conversation we’ve had now so I can incorporate this and show more of what my process is in doing this work because it’s really important for my readers to understand the complexity of this stuff.”

Then my mom tells me, “I don’t think I would have been able to say this to you in our first conversation three years ago. I think it was really triggered by reading what you wrote.

These several further clarifications in my own mind, the opening up of it. That's part of the complexity."

"That's why it's important that I do show it to you before I'm done writing and that we do have this follow-up."

"It's not just a half hour and you've said it all," Mom quips.

"No. And it's really important to me that you're represented in a way that you're comfortable, and you feel like you've said what you need to say, to me especially."

"I'm not wild about having something about feeling insecure in my marriage go into your text. Or that I felt it would impact my relationship with my husband," she says, but later, she acknowledges that's the critical piece in representing what her experience was at the time of my abortion, and how significant a role it played in how she responded to my pregnancy, so it's hard to leave it out. I wish we could include the broader context, but I don't want to push that one too much at this point, so we settle for this, which is not much of a settling. It's really profound where we've been able to go in all of this.

We close out our conversation with me saying, "Mom, I'm so grateful to you for being a part of this with me, and for processing stuff with me, and I love you so much."

"I love you too, and if this has strengthened our bond it's all in a good cause even if there's been pain associated with it. It's too bad it's taken us so long."

"Better late than never!" We both smile and sign off.

Several days later, my mother and I talk again. She says she was awakened again in the night with a busy mind around this. Fortunately, she gains some clarity, about the financial

stresses they were under at the time—having had three children in college the fall before my abortion—and really acknowledging to herself the significance of what was going on between my parents at the time.

Eventually, she writes me a letter. It kind of blows my mind. She goes over in much more detail the actual procedure. She writes of her primary emotional experience at the time as being one of fear, feelings of failure as a parent, and her personal opposition to abortion. She tells me now, “[T]hinking it the only option, I actually facilitated the abortion. I don’t exactly remember how we found the clinic for the procedure, but I must have been responsible for finding it. The appointment was made, I drove you and made sure Rich and Robyn came too so you would have plenty of support. I remember being in the waiting room and wanting to come in with you which was wisely not allowed, and then sitting there and wanting to come in to stop it. I remember driving home and feeling that I had just lost something precious, the ‘not-to-be-child,’ not realizing I had just lost something else just as precious—your trust in me to stand by you no matter what. I had convinced myself that I *was* standing by you but the intervening years have shown me otherwise.” Reading this hits me like a ton of bricks.

Her letter continues, describing something akin to trauma, “We had one more interview in depth, perhaps a year later, as you were preparing to start your writing, and a few more conversations—time progressed and more memories appeared. But the true extent of my reaction to all that went on then has only slowly crept back into my consciousness. So much lay buried. So much hurt. Reading the chapter about the role we played in the abortion was what really started more hidden fears and feelings to emerge. Twice in the last few weeks I have woken up in the middle of the night with intense feelings; the first time I was sobbing uncontrollably. It

poured out of me—my feelings of vulnerability at that time: in my marriage, in not being able to provide for myself or my children if I didn't work. How could I help you have a child? If I did, would I lose Larry? Would I not be able to work? Part of the sadness now is that I now realize there *was* another way and that we could have made it all work, but I didn't trust that that was so at the time." My heart is soaring with love for my mother as I read her letter.

More time passes and my mother wrestles more with the feelings that have been allowed to come forth in this process. She articulates her own structural understanding of the problem, saying that she has a "fuller realization of how much of my reaction so long ago came from what you have called 'patriarchy.'"

1. As the one who was pregnant, it was your life that was being derailed, not the father's.

You do get at that issue already in your discussion of Rich's role. But our social norms hold the woman more responsible and that surely goes beyond the biological. It perpetuates the power of men over women's lives.

2. As your 'mother' it was I who would be expected to change my life if we were to be able to make your having a child work. While it would have impacted your father economically (I wouldn't have been able to continue working) and emotionally were we to help raise your child, most of the burden would have been on you and me.

So, yes, relationship insecurity played a role. And, yes, economic insecurity did too."

At the end, my mother speaks her gratitude to me for engaging this process, for the length of it (the nearly four years since we first started reflecting on it) and how it has allowed her understanding and self-compassion to unfold. How she says she feels healing, for the guilt that she has endured all these years, for feeling like her placing her own self interest over mine was

“mean-spirited,” as opposed to a reflection of the complex web of relationships and obligations and emotional realities that she was navigating at the time. “It helps me forgive myself a little bit more even though I continue to wish it had never happened,” she writes me. Her own vulnerability at that time made it nearly impossible for her to speak her truth and imagine other possibilities for me, to do anything but defer to him. In many ways she feels a similar burden of that sacrifice—of her own values—as I do. I can’t imagine a better outcome of this process than allowing her to let some of that go.

In these last couple of weeks my mother has shown a side of her I have rarely if ever seen. She has been deeply reflective, vulnerable, and as honest as she possibly can be around these wounds. It has allowed me to understand her in profound ways and for me to feel deep compassion for her and her experience of my abortion. More than that, it has allowed her to feel the same for herself. To me, this kind of healing, based in relationship, is the ultimate goal of spiritual care. Had I had a different methodology, had I not thought it essential to share what I’d written with my parents and elicit feedback and additional conversation, we wouldn’t necessarily have made it to this place.

Chapter 8

Method as spiritual care

When you read autoethnography, you become a witness to the narrative context of another person's suffering. Autoethnographers expect their readers to become deeply involved and drawn into the predicaments of their stories. The reader's life is implicated in and by the text and the life it depicts. Reflexivity is a charge not only to the writer, but also to the reader, who is not just a consumer of the story but also by implication a character in it. When autoethnography works, it evokes not only a sympathetic response and a reflexive questioning of the connection of one's own life to the story, but also a desire to correct the injustice(s) depicted. (Art Bochner & Carolyn Ellis, 2016, p. 70)

“How is it that my abortion story became my life story in some way?,” I asked through tears, when I first heard my own voice on the recorded audio file for *The Abortion Diary* podcast. Has this dissertation helped me to answer that question? Yes, in some ways it has. More importantly, though, it has provided an opportunity for me to reflect on the larger structural issues affecting American women’s experience of abortion, by exploring my own abortion in 1994 while in dialogue with my parents, and in hearing the stories of my co-researchers who experienced adolescent abortions in the decade surrounding my own. It has also given me insight into the cultural narratives at play and how deeply they impact the decision-making process in the context of an unplanned pregnancy; as well as the potential emotional outfall a justification framework (Peters, 2018) can have on not only the person experiencing the abortion, but those close to her who may feel, as in my mother’s case, that they facilitated the abortion.

From a spiritual care perspective, what is the power and potential of autoethnography for understanding a phenomenon such as abortion—from the individual experience of it, to its societal implications, to providing appropriate care to those who are in a moral decision making-process and/or are trying to make meaning of such an experience in retrospect? Through this

dissertation I have explored autoethnography as liberative praxis, as intercultural care, and as a direct way of articulating the living human document within the web. I have engaged in a deeply personal inquiry with an open heart, reverently curious, hoping to embody the values I've cultivated as a spiritual practitioner, a practical theologian and academic, and a spiritual care clinician. I have explored what it means to conduct research and write a monograph from a place of spiritual formation—of wanting to further develop my self-understanding, my caregiving capacities, and my commitments to transformation, both individually and societally.

My experience suggests that consciousness-raising and insight come out of the dialogic inquiry: between researcher and research collaborator, between writer and reader, between student and faculty advisor, between the investigator and whomever enters into substantive dialogue with them around the process of a narrative or autoethnographic research project. It is possible that, as with more traditional research projects, the writer comes to insight as a reader of other's written work, but this seems to be secondary in a narrative and highly inductive writing process. And, in my case, it was more about finding confirmation and support of the insights I had gained through fieldwork and the writing process, *after the fact*.

As a person who was drawn to caregiving precisely because of how significant I think human relationships are, especially in the context of existential concerns, it's not entirely surprising that most generative for me were face-to-face dialogues with those most intimately involved in my work. And, it was only in talking with other women who had adolescent abortions, and with my parents about my various pregnancy experiences, that I was able to clearly articulate the central injustice I see in the issue of abortion. I see this as the burden of responsibility and, thus, also shame, which is so unequal between men and women at the macro

level and, which, at the micro level makes it that much more difficult for male partners (and fathers) to provide unconditional love and support in the face of an unplanned pregnancy. As caregivers, it is all the more important for us to address this moral failure within families and the larger society and, if entrusted with the knowledge of a pregnancy during the decision-making process, to compassionately facilitate dialogue within the family and to empower the pregnant party to voice their needs and desires and be fully heard. The narrative practices of definitional ceremony, outsider witness practice, and story theology are examples of how we can encourage collaborative, reflective, and relationally safe spaces for this kind of work.

Through the process of this inquiry, my understanding of how all of us are conditioned by patriarchal structures in ways that contribute to the harm of abortion also led to a recognition of how difficult it is to understand the experience of someone of a different gender around these essential aspects of our personhood. As there is widespread evidence that reading fiction engenders empathy, one possible way of enlarging our intercultural (intergender, interracial, and so on) understanding is through a narrative approach.

Autoethnography and investigating personal experience can lead to a societally transformative response to a problem, as the method facilitates an understanding of the larger structural concerns contributing to the issue. It is in this way that narrative methods can be particularly effective as a tool for both formation—as an academic, as a spiritual practitioner, as a clinician, as a researcher—and pedagogy. I would like to see autoethnography more widely adopted by practical theologians, both in dissertation research and in the classroom (students can both read and, more importantly, engage in autoethnographic writing projects). Something for future research would be to explore in what ways autoethnography can be used in a clinical

context, especially given the push for more quantitative, outcome-oriented, and evidence-based research in healthcare chaplaincy, despite the well-established narrative tradition in the field evidenced in the verbatim and case study.

If case studies provide some insight into “the black box” of spiritual care then imagine what autoethnography can do! A case study is the story of a patient as told by and through the caregiver. An autoethnography is the story of a would-be care receiver as told by and through the caregiver, who is one and the same. The depth with which one can investigate an existential concern is much greater if it is a personal experience that is being researched and if the researcher is a spiritual care provider themselves. Being an insider when researching a stigmatized experience—that is someone who shares in the experience under investigation—adds a trustworthiness and an element of emotional safety that can be essential for spiritual care researchers who want to research other’s experience as well. And it’s worth mentioning again that, although perhaps seemingly paradoxical, autoethnography encourages movement beyond the concerns of the individual toward the communal and contextual issues associated with the problem at hand.

The past twenty years in practical and pastoral theology have brought with them a normalization of feminist, postmodern, communal contextual, and intercultural paradigms. And McLemore’s living human web (1996) is one of the most frequently referenced metaphors in pastoral care. We have extensively described these models of care, and they all highlight the need to investigate and work to minimize power differentials in the caregiving relationship and beyond. Although we do have some instances of case studies that model these values in the care being described, there is definitely an opportunity for pastoral theologians to move our writing

more in the direction of practice itself; to engage in liberative praxis not only in our caregiving, but also in our research, writing, and teaching.

As spiritual caregivers, we will almost always have been trained both academically and clinically. We know both theory and practice. However, the literature is much better at describing and theorizing than it is at showing our work. This is understandable since academic writing has that bias to begin with, and practical theologians have the extra burden of having to legitimate ourselves in a field that doesn't always value our contributions, and in a larger academic universe that knows very little of who we are and what we do. Healthcare chaplaincy/spiritual care research and literature, existing within a medical model and its attendant evidence-based norms, is not dissimilar. However, we've been explaining ourselves for a long time now. I am afraid that while trying to prove ourselves in the academy, and in healthcare contexts, we have not been able to fully develop our strengths as pastoral theologians and spiritual caregivers in our research and writing. A bold movement toward narrative and relational research, particularly by employing autoethnography, could help us correct that. In this concluding chapter I review the contributions I think autoethnography has to make to practical and pastoral theology and then envision, through renewed images of pastoral care, who we might be as spiritual care researchers committed to practicing our values fully and integratively in all that we do.

Autoethnography in spiritual care research

By engaging in narrative inquiry and autoethnography, I have been able to more fully be myself, both personally and professionally, while performing my work. My roles as spiritual caregiver and researcher—not to mention daughter and friend—seamlessly weave together in the act of

story telling and listening, and in the work of deeply engaging process ethics and doing relational, compassionate, and mutual research. In sharing this particular story, I have tried to demonstrate how autoethnography is more than a method—it is a way of being—and, as might follow, in my case was something I came upon entirely accidentally (a la Poulos’s “accidental ethnography”) while also being a natural extension of and maturation in my scholarly identity as someone concerned with matters of the soul. Most importantly, the process that unfolded during my clinical training, which culminated in the independent research phase of my PhD, was one of deep spiritual, personal, and academic formation. Continually engaging the action-reflection-action model or hermeneutic circle discussed in CPE and pastoral theology, and entering into a deep reflexive inquiry of my own memory and its attendant assumptions, fears, biases, hopes, and values, was a critical part of this process. This reflective work is naturally built into the work of autoethnography and relational research and it affords an opportunity to deepen the learning, reflecting, and writing of those who engage it, and to offer an example of method as spiritual care for those pastoral theologians who are drawn to what it has to offer us as researchers, teachers, students, caregivers, children, parents, friends, partners—anyone in relationship with others.

My original contribution is an assessment of autoethnography as a tool for practical theological research and formation; by showing the ways that a narrative dissertation deeply engages in reflective practice, I am offering an example of research as spiritual care, a possible method for educating spiritual caregivers, and best practices for self-supervision and formation. This dissertation does not take a traditional shape, and I do not do extensive data analysis around my fieldwork because the larger story that is being told is one of process, not so much of content.

As spiritual caregivers, we know the power of story listening and its central role in the caregiving relationship. As religious leaders and theologians, we know the power of story telling—scripture and preaching being two of the most obvious indications of this. I have introduced the anthropological concept of definitional ceremony (Myerhoff, 1982) and the CPE pedagogical tool of story theology (Burbank, 1987) as examples of how narrative can be used in spiritual care contexts, and I have demonstrated how those concepts have influenced my interviewing and larger research and writing approach. There are many ways for us to incorporate deep listening exercises such as these into the classroom, into our research, and into the clinical context.

Evocative autoethnography is a deep expression of the relational values inherent in such narrative and reflective practices. It is a feminist method in its powerful movement from the personal to the political.⁷⁶ Autoethnography can be seen as a way of getting at the living human document within the web; it is a process that embodies intercultural and communal contextual spiritual care values, exposing power dynamics and structural injustice, committing to honoring the whole person and making relational concerns as important—if not more—than the research itself. It is dedicated to reflection, transformation, and liberative praxis. Autoethnography allows, in our research, for us to be empowered cojourners, reimagining the more hierarchical shepherd image of pastoral care, and expanding the image of stranger by embodying the not-knowing stance in the fullest sense possible. It allows us to tell an individual story, and it demands that we

⁷⁶ Elisabeth Etorre writes, the “four ways (although these are not complete or exhaustive) in which autoethnography is a feminist method: (1) autoethnography creates transitional, intermediate spaces, in the crossroads or borderlands of embodied emotions; (2) autoethnography is an active demonstration of the ‘personal is political’; (3) autoethnography is feminist critical writing which is performative, is committed to the future of women and (4) autoethnography helps to raise oppositional consciousness by exposing precarity” (p. 4). See also, Graham, 2014.

do so in such a way as to provide the larger context and to critically examine the underlying assumptions at play in the problem under investigation.

Autoethnography helps us see the communal and systemic dimensions of individual stories and experiences and, by so doing, care expands beyond the individual to systems (as Larry Graham (1992) argues in *Care of Persons, Care of Worlds*). Autoethnography in this way is the very method that the living human document in the web attempts to describe metaphorically. It is a way of marrying theory and practice in a moment-to-moment inquiry embodying the pastoral or hermeneutic circle. By not just trying to tell others' stories, but by having a clearer sense of our own narratives, we are able to more deeply inquire into the structural forces that contribute to our own oppression, and likewise we are able to develop empathy for ourselves and others who share in marginalization, and perhaps even those who perpetrate it. Autoethnography enables us to model the kind of care we have tried so often to describe, and it enables us to develop our caregiving skills in the process of research and writing.

Enabling deeper dives into specific issues, abortion as an example

If the literature in practical theology has spent more time describing than it has in showing our work, neither has our writing to date sufficiently explored individual phenomena of import to practical and pastoral theology to the extent that is possible when conducted from a first-person perspective. By using narrative methods, we can do deep dives into specific lived experience and thereby show what it means to be spiritual caregivers in the ways that we approach our subject, in the ways that we cultivate relationship, in the ways that we reflexively and inductively investigate ourselves and our surroundings. As one example, pastoral theologians have not

adequately looked at the complexity and context of abortion in a particular woman's life, and how and why it is harmful. This dissertation attempts to provide a method of getting at those nuances, though it by no means provides a universal or generalized perspective of abortion, nor does it provide explicit spiritual caregiving techniques for religious professionals encountering abortion. I am left with questions for future research around what we as ministers, clinicians, family, and friends can do to provide more integrated and comprehensive care to people experiencing unintended pregnancies. I consider what I have learned so far in the next two sections.

As explored earlier in the dissertation, our views on and experiences of abortion are embedded in cultural narratives. These narratives, most of which reside within the justification framework, create an environment in which women do not feel that they can openly discuss their abortion experiences. MariAnna (2002) identifies an important step we can take in addressing the harm of abortion. She says, "By recognizing the role cultural narratives play in our decision-making process, we might, for example, lighten the burden of isolation and secrecy, and/or shame and guilt, that surrounds the issue of abortion" (p. 2). So, one thing we can certainly do as caregivers concerned with this problem is to work toward upending the cultural narratives that are so harmful to women in the context of abortion decision-making. Given my own experience and that of my collaborators, as well as the research I reviewed in Chapter 3, it's important to consider shame and the significant part it plays in the experience of teenage pregnancy and abortion.

Stigma, secrecy, and shame.

Julien Deonna and Fabrice Teroni, in contrast to some who see it as fundamentally a social emotion, argue that deep shame is “the shame we feel at personal failures which is only heightened, when, in addition they become known by relevant others” (2011, p. 210). But, for me, this understanding of the cause of shame only encourages secrecy, which I cannot abide by. A more resonant explanation for me is one that differentiates guilt—feeling bad about our behaviors (or perhaps, personal failures)—from shame, which is a transformation of guilt into an assessment of one’s whole character (Lewis, 1971; Tangney & Dearing, 2002). It’s no longer about *having done something* bad; it’s about *being* bad. This kind of negative self-evaluation and judgment can only be born out through larger cultural expectations and norms and, therefore, has an essentially social component to it. Though not specific to the experience of abortion and the shame that attends it, Judith Jordan (1989) writes about women’s particular experience of shame, a shame that is based solely in one’s gender identity:

As a result of prevailing male standards and the silencing of women’s reality, for women there is a broad and widespread sense of ‘being’ wrong; that is, one’s being is wrong. One’s reality is not right, one looks for the wrong things in life, one’s cognitive capacities are not developed in the right direction. Such a pervasive sense of deviance and inferiority leads to a profound disempowerment, and one loses the ability to represent one’s own reality, ultimately, to even know one’s truth (Miller, 1988). Shame becomes a way of being and a way of being disempowered; in shame we lose our ability to speak, initiate, and expect respect. In shame we feel painfully disconnected, longing to repair the rupture but unable to move in that direction. Thus, shame is a powerful factor in women’s life. (p. 7)

Jordan’s commentary sheds further light on the particular shame that goes along with having an abortion experience. She writes,

A powerful social function of shaming people is to silence them. This is an insidious, pervasive mode of oppression, in many ways more effective than physical oppression. In a supposedly egalitarian society, shaming becomes a potent, indirect exercise of dominance to subdue certain expressions of truth. By creating silence, doubt, isolation,

and hence immobilization, i.e., shame, the dominant social group (in this case, white, middle class, heterosexual males) assures that its reality becomes the reality...When people are shamed and silenced by their shame, they cease trusting their own perceptions and sense of reality. Their sense of injury and violation of trust in themselves and the world is often profound (Lynd, 1958). Isolation enlarges the sense of self doubt, uncertainty, and 'wrongness.' This renders them more vulnerable to other people's reality claims, self distortion, and hence to further victimization. (1989, p. 7)

Taking an intersectional (Crenshaw, 1989, 1991) perspective, we can see how multiple marginalization—*misogynoir* (Bailey, 2013),⁷⁷ for instance—has the potential to contribute to further and deeper shame in women of color. By framing the issue of abortion as one of choice primarily, we fail to acknowledge the significant differences that people encounter in their lives as they respond to an unplanned pregnancy, as well as cultural norms informing their choices—differences that depend particularly on race, class, and geographic luck. Further, we deny the ways in which social and relational pressures of all different kinds influence abortion decisions. By so doing, we place nearly all of the responsibility for unintentionally creating and ending a potential life on the person with the uterus. MariAnna (2002) elaborates,

Because the decision to abort a pregnancy may actually keep a woman in line with cultural expectations, that decision is not simply a matter of individual choice. We do women a disservice when we shunt abortion off into the private realm, refusing to recognize dominant narratives that might make abortion the desirable option, because it exacerbates the isolation women feel; it compounds the mistaken perception that a woman is alone in her experience. (pp. 2-3)

All of this contributes to feelings of shame and isolation which women, in particular, encounter in relation to an abortion experience. My own experience of teenage abortion was one I framed, based on my family culture (one deeply influenced by white, Protestant, upper-middle class norms) and related expectations, of avoiding shame for my parents. Their fears, which I

⁷⁷ A term articulated by queer Black feminist Mora Bailey (2013) to describe the particular brand of sexism experienced by Black women that combines anti-Blackness with misogyny.

interpreted as shame, also had to do with a limited way of looking at my future, one in which becoming a young mother would have prevented a good life.

A pregnancy, planned or not, reveals intimate details about our sexuality and our physical state of being. As it continues, it becomes a more and more difficult thing to conceal and even strangers will inquire about the sex of the developing fetus, the mother's health and dietary habits, or comment on the pregnant person's body shape and size, even up to the point of touching her belly. All sorts of norms and etiquette fly out the window at advanced stages of pregnancy. But, early on, it can be a more private affair and generally is with good reason. I remember poignantly several encounters I had when I first revealed my pregnancy with my son, one which, because of my relationship (and PhD student) status was assumed almost immediately to those who knew me even a little bit as unintended. I was actually asked by two individuals, including my dentist, why I hadn't used birth control! Along the lines of MariAnna's argument above, one of the social pressures that may encourage people to terminate an unplanned pregnancy—ironically, often most promoted by the same people opposing abortion—is the fact that, still today in 2018, American women are judged for having sex outside of marriage, for being single mothers, for being sexual at all. Although this is not referenced by women in studies regarding the causes of abortion, given how infrequently women disclose their abortions, I have to assume it plays some small part in the decision to begin with—because it's the only way one can keep the pregnancy a secret—even if financial constraints and relationship concerns are a much bigger factor in women's abortion decisions.

Acknowledging it as a human problem.

As stated previously, through my inquiry, I am confident that it is not the act of abortion that is most harmful to women; rather, it is our shame-inducing expectations around womanhood, pregnancy, sexuality, mothering, and where reproductive burdens lie. The conflict between head and heart some women feel in deciding to have an abortion may have something to do with identifying with the potential life symbolized by a pregnancy, but even this can be linked to traditional views of motherhood as well as socially constructed ideas of when life begins. When pregnancy loss and infant mortality rates were much higher, for example, women likely did not attach to pregnancy in the same way that they do now with all the medical technology we have at our disposal. Additionally, unsupportive relationships in the context of an unplanned pregnancy are often a major source of pain around abortion decisions. Although I don't think this is exclusively caused by traditional views of marriage and parenting, any difficult emotions around an unplanned pregnancy and abortion could certainly be mitigated by more inclusive norms of what constitutes family and who is responsible for raising a child, for example, is it only the legal guardian or biological parent, or is it the society at large too?

If there is anywhere that gender discrimination or, more accurately, patriarchy, is baked into the whole system most clearly and comprehensively, it would be in terms of reproductive health and parenting. This was made particularly clear in my mother's final reflections as she processed her own pain around my abortion experience and articulated how the burden of the decision fell virtually exclusively on us, the pregnant teenager and her adult mother. We are nearly half a century out from the era in American culture and politics known as "women's liberation," and the wide availability of birth control, including legal abortion, which attended it.

Yet, despite birth control being essential for women's health (and to men and their life plans), the United States Supreme Court still hears a case such as *Burwell v. Hobby Lobby* (2014) and votes in favor of an employer's request to be exempt from providing contraception in its healthcare package. Meanwhile, states like Mississippi, Iowa, and Ohio, regularly propose legislation effectively criminalizing abortion in their states, hoping that a case will in fact reach the Supreme Court and perhaps even lead to *Roe v. Wade* being overturned. Countless other states pass laws which hinder the ability of abortion care facilities to do their work and which create undue barriers for women seeking abortion care, forcing them to travel long distances, or even to other states, to receive their care and/or to make multiple trips to confirm they know what they are doing—by imposing a waiting period—before getting the procedure. Healthcare centers where abortion is practiced are separate facilities, which in some respects is good since the majority of abortions are simple out-patient medical procedures but, in others is bad because of how it further marginalizes abortion patients and abortion care providers, as well as making them easy targets for anti-abortion activists. But, in many ways, these policy and structural limitations on women's health are the symptoms and not the cause of the problem.

The cause appears to lie more in the norms informing these political activities. And, the reason I am confident in making this assertion is because the problem manifests in the family unit, in the dyad of sexual partner (and/or parents) and pregnant woman, independent of the larger institutional constraints. Some may argue that it is in fact because we've moved away from more traditional gender roles that abortion is as prevalent as it is—that is, there are more pregnancies occurring outside of marriage, and promoting the institution of marriage and men taking on a traditional provider role could solve the problem. But, even before women had as

many educational and professional opportunities as they do now—and, therefore, alternatives to marriage and motherhood—unplanned pregnancies and abortions occurred frequently. People have always had sex outside of marriage and men have always abdicated parental responsibilities. These are social realities which we could make less problematic by taking a more communal approach and responding in a more compassionate (and less blameworthy) way, recognizing that indeed it is not just a women's problem, but a human problem—how to respond to an unplanned pregnancy and how to ensure that human beings who are born into this society have the resources they and their parents need to be healthy and, ideally, to thrive.

As with other stigmatized experiences, I think it is essential that people share their experiences of abortion as a way of interrupting the existing cultural narratives which feed the overall image of how women should behave, and place far too much of the burden of reproduction and childrearing on women's shoulders at the same time as limiting their agency in choosing to parent or not to parent. Storytelling can play a role in challenging these narratives and normalizing the experiences of women who've had abortions as well as the difficult feelings that may attend them. As my experience with this dissertation demonstrates, and as Melissa's *Abortion Diary* project does, sharing and listening to stories can also be therapeutic and healing in its own right. Stephen Pattison (2000) writes in his book-length exploration of shame, "The ministry of really listening to what people are saying, of attending to their particular stories without trying to generalise, moralise, or theologise, is an important integrative response that Christians can offer in response to chronic shame" (p. 291). And Judith Jordan (1989) writes, "Healing shame essentially involves enhancing empathy for self and other and bringing the person back into connection in which empathic possibility exists" (p. 9). As spiritual caregivers,

we have an important role to play in being the custodians of personal stories that are shared with us, in disrupting the cultural narratives that harm those who are entrusted with our care, in providing the empathic antidote to shame, and in compassionately exploring the lived experience and spiritual implications of stigma and marginalization in our research endeavors.

Embodying intercultural care values in renewed images of pastoral care⁷⁸

The reflective practitioner/mindful inquirer.

Reflexivity, although enabling the conduct of ethical relational research, also requires researchers to come from behind the protective barriers of objectivity and invite others to join with us in our learning about being a researcher as well as remaining human in our research relationships. (Kim Etherington, 2007, p. 600)

Part of what motivated me to engage in a narrative dissertation stemmed from the belief that familiarizing oneself with investigating and writing about one's own life experience develops the kind of skills that will result in more attentive and compassionate ministers, chaplains, and researchers. Drawing from personal experience, autoethnographers explore issues of identity, epiphanic and/or significant moments, and various other phenomenon, using the self to comment and critique on the cultural. Autoethnography has a strong therapeutic element, for the researcher in particular, and also the participants. Bringing reflective practice, by way of autoethnographic and narrative methods, into our practice, pedagogy, and research we may be able to contribute that much more of what is unique to us as caregivers of the soul.

Narrative and autoethnographic methods can be used to develop theological and ethical reflection skills that can make ministers, chaplains, and therapists more effective in the field.

⁷⁸ The Robert Dykstra-edited anthology *Images of Pastoral Care* (2005) include, among others, the shepherd, the wounded healer, the intimate stranger, the agent of hope, and the gardener.

Perhaps one of the most important ways it does this is through the extremely iterative process of ethical reflection that is required in relation to both one's self-exposure, and the disclosure of other's stories and vulnerabilities. This ability to engage in situational ethics is exactly what's required of caregivers in clinical and congregational settings in order to be in the world in ways that help more than they hurt, and to be responsible practitioners and stewards of the soul. In the classroom, in supervision, and in research and writing, narrative methods can support deeper relational work between individuals and within themselves and offer a practical wisdom that is hard to come by in most of academe. By engaging in this dissertation, I hoped to explore more fully the potential for oral and written story-telling/listening as a practical theological method.

Pastoral theological educators are tasked with providing students opportunities to develop their capacities to care and to demonstrate these capacities in the classroom in relationship to one another. Case studies and role plays have long been used, but there are other less simulated ways to engage students in reflective practices, and a narrative approach is one of them. Story theology is an important example used in CPE; making personal narrative and reflective dialogue central to the curriculum and to the classroom experience allows students to get in touch with their inner lives in a way that more traditionally didactic approaches do not allow for, and this, in turn, develops empathic abilities. These reflective capacities also help to form professionals who have the knowhow to respond to difficult situations in the field, not with a script, but with the nuance needed to deal with particular lives, particular experiences, particular crises, and particular communities.

As a concrete example of how reflective practice and storytelling can be used, especially as a pedagogical tool, consider the work of Australian sociologist Marilys Guillemin—who

studies healthcare and research ethics—and colleagues. In their essay, “The Narrative Approach as a Learning Strategy in the Formation of Novice Researchers,” Guillemin and Heggen (2012) discuss the formation of researchers specifically through the development of “ethical capabilities grounded in the situatedness of research, rather than on universal rules and codes of ethics” and by way of involving students in “learning the ethics of qualitative research practice through acquisition of practical wisdom, or *phronesis*” (p. 702). They argue that first-person telling of real-life experience—personal narratives which are open to interpretation and demonstrate especially the teller’s questions, doubt, and uncertainty in the situation—allows for rich exploration of ethical themes, and invites emotional and empathic engagement from the listeners (pp. 703-4). The authors suggest that written stories allow for more in-depth reflection, though they recognize that oral storytelling has its benefits as well (p. 704).

In this approach, readers engage with the story using a series of reflective questions that focus on the ethical components of the story, as well as the narrative choices made by the storyteller and the meaning and significance of those choices; questions such as: 1) Who is telling the story? Why is the narrator telling the story in this particular way? and 2) What has been left out of the narrative? Whose voice is not being heard? What other stories does this story resist? (p. 704) These questions require students to understand how our particular social location (gender, sexuality, race, class, etc.) inform our telling and hearing of stories. They also allow for exploration of larger social and cultural issues, particularly in relation to power dynamics which, as has already been established, is essential reflective work for people in caregiving professions.

Guillemin, McDougall, and Gillam (2009), use a similar narrative approach in continuing professional development for healthcare workers. Here, professionals use their clinical

experience, particularly troubling moments, things that have stuck with them in some way or another, as the inspiration for their narratives. In both cases, reflective questions can also be asked of the storyteller. These questions might include: 1) Why have I chosen to tell this particular story? or 2) How has the process of writing this story prompted me to think differently of the event or experience? (p. 203) These questions add another layer of reflection, prompting the storytellers to consider their narrative choices, and the kind of impact the telling of the story has on one's learning and continued reflection. They are what the authors call interpretive triggers, and they are designed to encourage reflexivity and to develop "ethical mindfulness."

Guillemin, et. al, write:

the underlying premise of our approach is that valuable insights into ethical values, personal motivations, and worldviews and assumptions about meaning and significance are revealed in the way that people frame stories of their own experiences. Once revealed, these form the basis for reflection and questioning, out of which practical ethical awareness, learning, and skills arise. (p. 205)

Again, at heart, is an interest in developing practical wisdom through storytelling, listening, and reflection. Reflective spiritual care practitioners will be honing their intercultural caregiving skills whenever they engage in reflective practice, whether in more asymmetrical teaching or clinical relationships or more symmetrical relationships between colleagues or with research collaborators in the context of an autoethnographic research project.

The compassionate researcher.

We're not calling for everyone to do compassionate work; even you and I go about it in our own ways. We're calling for researchers to follow their hearts however they think best. (Chris Patti in Ellis & Patti, 2014, p. 406)

As reflective practitioners and researchers, we build trust, mutuality, and collaboration through cultivating relationships that are more reciprocal than traditional therapeutic or ministerial relationships typically allow for. Doing this well requires a delicate balance, of the need to share our own story with the stories of our co-researchers, as well as with the broader objective that attends autoethnographic writing and research: cultural commentary. As caregivers, we know something of this balancing act already. Entering into a research relationship as practical and pastoral theologians who typically function in caregiving roles—whether as ministers, teachers, or chaplains—we are used to implementing certain boundaries to maintain those roles and professional relationships. However, in our work, we have undoubtedly had instances in one or another of our clinical relationships which have challenged our understandings of those boundaries and often this is where a tremendous amount of growth and formation occurs.

Foregrounding mutuality in the research relationship, utilizing approaches such as compassionate research (Ellis, 2017) and friendship as method (Tillman-Healy, 2003), allows us to explore boundaries, roles, and responsibilities, and to critically consider the value of self-disclosure in caregiving relationships, as well as other relationships where an uneven power dynamic exists. While holding our ethical responsibility as caregivers, or just people with more power in a particular relationship (as researchers we are the holders of stories and typically also the only credited authors), as paramount, we can still enter into relationships with genuine openness and curiosity. We are not the experts of other people's lives, so when they share with us, we are in many ways more in a student role. As spiritual caregivers, there is always an element of our work that is self-serving, having to do with our own growth, and in compassionate research we are making that more transparent, allowing ourselves to be cared for

in the relationship as well. It is an entirely different experience to engage in an interview as an open-ended conversation and unfolding relationship and story than it is to be looking for particular answers to particular questions, or even a particular healing modality for a particular wound. Allowing ourselves to be vulnerable and to feel with our research participants can create an intimacy that expands the potential for healing and understanding for all involved. Entering into these dyadic interactions willing to be transformed, with the flexibility and intimacy that comes from a not-knowing stance, allows for a give-and-take that is perhaps not as easy to establish in a clinical relationship.

The reverently curious, humble, not-knowing one.

To me, working together with people who seek help means giving careful attention to what comes up from moment to moment. I would put the highest priority on listening and looking openly together, and if the occasion arises, asking questions in a simple way, without knowing or searching for immediate answers or solutions—letting feelings, emotions, questions, or comments arise and unfold in that quiet listening space of not knowing. Isn't the problem of our moment-to-moment living our central spiritual question? (Toni Packer, 1995, p. 78)

At the heart of a relational or narrative approach is the humility that comes with a kind of *not knowing* that is neither the expertise of knowing nor the ignorance of knowing nothing. It is a kind of wisdom that approaches learning with profound curiosity and with a deep respect for the way that knowledge and true understanding unfold. It is inductive, it is interpretive, it is many

layered, it is spiral-like. According to Zen, not knowing is most intimate.⁷⁹ American Zen teacher Norman Fischer writes, “intimacy is a [preferred] synonym for awakening or enlightenment ... It sounds like we are getting closer, deeper, more loving with our experience rather than somehow beyond it” (2006, para 6). We are not seeking objectivity in this kind of inquiry, but rather the kind of truth you feel in your bones.

Engaging in a research relationship from this stance allows for things to emerge that you were not necessarily looking for, and it allows for conversations that you might not expect. Undoubtedly, it also allows for the research to bring more meaning to those who participate in it, as greater intimacy, more openness, and less strict agendas and timelines allow for what is needed to emerge. As spiritual caregivers, we know this is how it works. We know that the fact that we have time to listen to patients is one of the greatest gifts we provide and what makes us a particularly unique member of the interdisciplinary healthcare team. Why? Precisely because it allows for this organic unfolding to occur. Engaging in research and writing from this same space allows a similar unfolding to occur, and it is why I constructed the dissertation in the way that I did, so as to best mirror that unfolding process for my readers.

⁷⁹ Dizang asked Fayan, “Where are you going?” Fayan said, “Around on pilgrimage.” Dizang said, “What is the purpose of pilgrimage?” Fayan said, “I don't know.” Dizang said, “Not knowing is most intimate.” Norman Fischer (2006) comments, “In our story, Dizang is asking Fayan not just about pilgrimage but about spiritual practice, about life itself, for life is, after all, nothing but a pilgrimage. What's the purpose? Why are we born, why do we die, why is life so difficult, why are we always longing for something else? What do we really know of our mysterious and fleeting experience? And Fayan's response is pretty honest. He doesn't just come out with some pious Buddhist answer, though we can be sure he knows many such answers. ‘I don't know,’ he says, honestly and humbly, perhaps expecting Dizang, his teacher, to shed some light on the question. But Dizang says, I don't know is just right. I don't know is most intimate. Fayan is awakened by Dizang's response; he suddenly recognizes, as one often does in spiritual practice, that he had what he needed all along, only he didn't know it. The way is right beneath your feet, and in every blade of grass” (para. 5).

The relational ethicist.

Language can never contain a whole person, so every act of writing a person's life is inevitably a violation. (Ruthellen Josselson, 1996, p. 62)

I haven't come close to addressing all the ethical questions that arise in doing research with intimate others. These questions swirl around me like a sand storm in every research project I do or supervise. Just when I think I have a handle on a guiding principle about research with intimate others, on closer examination, my understanding unfurls into the intricacies, yes-and, uniqueness, and relational and personal responsibilities of the particular case under question.—Carolyn Ellis (1997, p. 22)

No story, as much as it may feel like *our* story, is ours alone. When we write about ourselves we also write about friends and family, all those who have played an important role in our lives.

How do we write responsibly about our personal experience when our interpretation of events will always be different from that of others? What if we do not have the opportunity to talk to that other person and share their perspective in our narratives? What about the responsibility we have to young children, with whom we may not yet be able to get consent about the things we are sharing about their experience?

This part of the not-knowing stance is built into the way that we engage the ethics of relational and narrative research. Autoethnographic research and writing is not without risk. As discussed earlier in the dissertation, using process consent (Ellis, 2007; see also, Etherington, 2007) is a way that we can ensure that those with whom we do collaborate and discuss our experience are comfortable with their representation in the text. It gives us the opportunity to confirm that what is written is true, in that it is *a truth*, even if it is not the only truth. By acknowledging subjectivity in this way—that I, as the author of my own experience, will have a particular perspective and I will interpret words and events in a particular way that is different from the way that you will—we can gain more insight into who each of us is as a person, and we

can deepen empathy for one another in the process. This kind of remembering together creates an environment in which deeply healing and substantive exchanges can occur. This is particularly significant where there has been a relational harm associated with the subject under investigation.

At one point, early on in the planning stages for my research, my father expressed a concern that he would “look bad.” I think, as he looked back at what happened and how I had internalized the abortion experience, he couldn’t imagine how he could not appear culpable in some way. In the end, I believe my father comes across as someone who is open and curious, vulnerable and loving. He is not without fault—none of us is—but his portrayal is one that is far more positive than negative. My mother carried much more lasting and painful emotions from my abortion experience, and I didn’t take into account how much talking about it might stir things up for her, or how much she would need the time that is built into the process of realizing a project of this scope, for her to both articulate those feelings clearly and to process them in a way that she could experience healing of her own. Fortunately, in sharing a draft with her, we were able to unlock much of what was left unprocessed between us and we were able to maximize the relational potential of this autoethnographic approach.

My most recent pregnancy made me feel like my parents each got a second chance to be there in the way that I wished they had, in the way that I couldn’t remember them being when I was 17. And, ultimately, they both came through for me. But I also was able to come through for them. Throughout the dissertation research process I have come to understand my parents and the ways that they have been shaped by cultural norms and their own parents’ expectations, and how this—along with the conditions of their individual lives and relationship at the time—resulted in

their limitations in being able to provide the most compassionate response to their daughter, a young woman in crisis. They too have been able to find their voices more fully in the process, and we have all gained deeper understanding of our very particular pains, as well as the greater context in which abortion decisions arise and can harm individuals and families involved in them.

I wish that I could say that same understanding has grown in relation to my child's father, and how he responded to the two pregnancies he was a party to, but it has not. Will he read this all one day? What will he think? What will he say? And my son too? How will he feel? Can I protect him from feeling unwanted and unloved, while knowing that his father could not welcome the opportunity to be a parent? These are very real and important questions to consider as I write my story, one that necessarily implicates others.

I have dealt with these questions in various ways. I am not on good enough terms with my child's father right now to seek his consent in my storytelling and, perhaps more than that, I dread having a conversation with him around this subject as it constitutes the core wound between us and could open me up to emotional harm. I also know how fruitless trying to engage in that conversation would be, since we have been there before many times. Arguing that relational concerns should always be as important as the research itself, Ellis (2007) poses the question, "is the well-being of the researcher always less important than the well-being of the other?," (p. 24) to which she responds, "no, not always." Etherington (2007) writes that reflexive relational ethics must attend to both the researcher's needs and "our obligations toward, care for, and connection with" (p. 614) research participants. I have chosen to anonymize the person in question to the best of my ability by referring to him only as my sexual partner and my child's

father, as opposed to by name. Some people know the individual who I am talking about, but most do not. I realize that could change as soon as and if he decides to become an involved parent, and then there's virtually no hiding his identity at that point. Weighing the potential costs and benefits of more or less disclosure in the storytelling process and/or seeking consent first, not conferring with him is a risk I'm willing to take.

As for the concerns about my son's privacy, I do not expect my writing about my pregnancy experience or my relationship with his father to impact him socially, given the audience I anticipate for this dissertation. I will have to reconsider that question each time I want to publish related material, however. My feeling as to what he will know about the conditions under which he came to be is that I, above all else, do not want him to live in a shroud of secrecy, and so I plan to be open with him when it is age appropriate for me to do so. Since I would do that anyway in our conversations with one another, I do not feel that anything I am writing here is information I would not want him to read. I wish that he did not have to inherit the abortion narrative that I did, but it is one I do hand down. I lived for a long time with the feeling that I was not wanted by my father, simply because someone (likely my mother, when she was angry with him) told me that he had concerns about the feasibility of having a third child on learning of my mother's pregnancy. My son's feeling of abandonment will likely be more significant than mine was, given the circumstances, and I can only hope to make meaning of it through this dissertation project, which he can someday benefit from. These are the ways that I have tried to responsibly address such ethical concerns.

Similar questions arise when we attempt to tell other's stories. The kinds of stories elicited in this project contain intimate portraits of my collaborators, secrets and relational

dynamics that have perhaps never been spoken before. Two of my participants opted for pseudonyms, and two did not. For each of the latter two women, there was some discussion and/or negotiation around certain details. Because of Melissa's particular role in my own story, and how her professional life has intersected with it, there was no way to anonymize her and it would also be largely counter to her own objective of sharing as a way of destigmatizing abortion. But, she also knows that there are aspects of her story she has not yet written and wants to eventually. That factored into what she was comfortable with me sharing. For Laura, the desire to unburden herself of the secret more fully and to own her narrative contributed to her wanting to use her real name and not to obscure identifying features of her story.

The prayerful truth-teller.

I know that I have life
only insofar as I have love.

I have no love
except it come from Thee.

Help me, please, to carry
this candle against the wind.

(Wendell Berry, *Leavings*, p. 33)

Instead of presenting my collaborators' stories verbatim in the text, I chose to create a storied portrait of each of the women who shared their abortion experiences with me. While the responses had some variation—just as the vulnerability and depth with which each of them shared themselves with me in our conversations did—on the whole, my collaborators felt positively about how they were represented in my writing. Some responded as if it was a tremendous gift that I had given them, perhaps to be seen, heard, and known by another person in

a way that they had rarely if ever before, especially in terms of a more painful and hidden experience of theirs. To be met with compassion and kindness, to be allowed to have nuance, ambivalence, complexity, and most of all *ordinariness* in their stories of abortion was a powerful reflection that telling their stories through my eyes enabled. This kind of storytelling feels akin to the spontaneous prayer that I have sometimes offered in my chaplaincy, after a patient has shared with me their hopes and fears and I am able to reflect it back to them in more devotional language. There is a power in that, that lifting up one's own voice for the same purpose perhaps does not always.

In a description of outsider witness practice, Gene Combs and Jill Freedman (2012) describe a family in crisis having an amazing experience in the process. When asked why, they said that it was in the simple fact of the witnesses calling them *a family*—something they had only just been thrown into (due to divorce/separation, violence, and remarriage). Combs and Freedman write, in calling themselves a family and “publicly enacting their desires rather than their fears” this allowed the witnesses to reflect the same identity back to them and “accredit and amplify their status as a family” (pp. 1049-1050). Prayerful truth-telling, based in a relational ethics, or ethics of care, balances truth-telling with hopefulness, something that is particularly important for caregivers in cases of terminal illness (Pergert & Lützén, 2012). Drawing from Andrew Lester's work on hope and pastoral care, Suzanne Coyle (2014) describes narratively informed pastoral caregiving as being “a storyteller of hope,” which “involves listening as well as telling the story back to the care seeker who tells a story” (p. 37). She adds that hope here is “true to a liberation perspective that recognizes the pain of oppression from dominant discourses and experiences and that embraces the hopefulness that emerges from the dreams of the future

that sustain people in the present” (p. 37). While taking an active role as a collaborative witness and as a compassionate storyteller, I would like to think that the way I chose to share my collaborator’s stories and our dialogue was an act of narrative care, and perhaps even a prayer of some kind, and I hope that I have adequately addressed any ethical concerns readers might have about my disclosure of others and their stories in this dissertation.

Conclusion

It is when individuals are allowed to tell their stories that deep truth is expressed; it is often in the particularity of a personal story that we find an expression of a reality which resonates most authentically and generally. (David Lyall, 2000, p. 314).

The most compelling autoethnographic work involves narratives that make the reader feel like they were there during a conversation, that they can envision the various characters in the story, that they can touch, taste, smell, and feel the various details of an experience. This requires not only a style of writing that is challenging for academics (especially this academic!) who have not engaged in personal narrative, and who have instead been trained to write critically and argumentatively, but it also requires an ethnographic eye in the moment to take account of the details that really bring a story to life. As a novice researcher without explicit training in memoing and field note-taking—who only learns after the fact that without detailed sensory notes, then, including a video or photographs would have really helped in recreating the scene—it can be discouraging. But these are skills that need to be practiced, and often learned in retrospect. This is only one aspect of the autoethnographic journey, the technical part of field research and writing. As a caregiver, I am more concerned with the values and skills that I bring into the interactions I have with both my co-researchers and my readers, and in the process of

building and growing a relationship. These skills too need to be practiced, and fortunately they were fairly well-developed going into this project. The writing process helped to provide insight into how those qualities show up in the research relationship, and how and when we have to engage in more difficult ethical reflection around whose needs are being met in the relationship.

Engaging in an autoethnographic dissertation, employing relational research and ethics, and interviewing with compassion and mutuality—where one becomes vulnerable and intimate with both co-researchers and readers—is not work that everyone will want to do, or that every spiritual care subject is well-suited for. But, I suspect there are many topics of interest to practical and pastoral theologians for which the autoethnographic gaze and these relational and caring methodologies can be particularly insightful, while also significantly developing caregiving skills in the process of research. I have not been in either the clinical or classroom context for several years, and I worked on this dissertation in the isolated way that is customary of most independent doctoral projects. I spent many more hours at a computer screen than I did in the company of others—in fact, even when I was in the company of others (video chatting with Melissa and with my mother). And, yet, I was able to strengthen my skills as a reflective practitioner, as a deep listener, as a compassionate researcher concerned with ethics, as a spiritual caregiver, and, because of the interdisciplinary nature of my field and my project and the need to explain different aspects to different audiences, I would say even as a teacher.

Evocative autoethnography brings with it significant risk of self-exposure; it is part and parcel of the method. I likened it at one point to “coming out,” and this could be especially challenging for practical and pastoral theologians if the autoethnography deals with an aspect of one’s identity or life experience that is stigmatized or that might be seen as unfitting for a

religious professional or leader. But, do we really need to be “perfect” and morally unblemished? In clinical chaplaincy training we talk about pastoral authority, and it seems to me that the core of that authority is built on trust, respect, and collaboration. What if our authority is not about our saintliness but rather our humanness, in all our imperfection?

Of course, we also implicate others in our autoethnographic writing, and this carries some relational risk, but this is precisely why we engage in an ethics of care and continually involve our collaborators in the process, ensuring their comfort with what is written and how they are conveyed, always tending to the research relationship. This has its own challenges, and opens us up to potential disappointment and conflict. It also opens us up to greater and greater intimacy, and mutual understanding as I experienced with my parents. This has possibly been the greatest benefit of this method for me and perhaps even, to some extent, the point of it all.

For practical and pastoral theologians considering using autoethnography, I encourage you to read exemplary autoethnography from other fields (for a bibliography, see Adams, Ellis, & Holman Jones, 2014), as well as the work of Heather Walton (in particular, 2014, 2015) in practical theology. Does their writing resonate with you? Do you feel called to do similar work? Are you prepared to put that much of yourself on the page? It is important to consider what it means to disclose details of your life and what the personal and professional implications of that might be. It is important to know that the process of writing autoethnography is hardly linear, is extremely iterative, and could be considered to be even chaotic at times—it is something for which you can only somewhat plan ahead. It will reveal itself to you as you move through the various aspects of the research and writing process. The clinical distance that you may be accustomed to in more traditional forms of research is not tenable in an autoethnographic project.

You will have to consider what it means to be a caregiver and a relational researcher simultaneously, and what values and responsibilities will be given priority when roles and boundaries are being negotiated in the relationship. You will need to be open with your collaborators about who you are and where you're coming from, and you will also need to be open to their participation in the project transforming you and your relationship to the material. You will have to be comfortable with a significantly more intimate context for story sharing than you may be accustomed to in other kinds of research, and self-disclosure will play an important role in creating emotional safety for the storytelling to be most generative and meaningful.

One of the questions embedded in my research question, about what autoethnography had to offer practical theology, had to do with whether or not the method can bring practical and pastoral theology to a larger audience than we typically have. Like case studies, which serve to illustrate the work of a clinician in a storied format, autoethnography can at the very least be used to demonstrate the introspective and reflective practices of a caregiver in formation, if not the clinical work as well, to people in other fields. It certainly has the potential to show in much greater detail the internal workings of pastoral theology than either traditional research and writing or even case studies allow for. In my case, given the values and objectives I focused on in my process, autoethnography did not provide an opportunity for me to generalize about the abortion experience; to illustrate in any meaningful way differences in abortion care based on geography, race, age, or class; or to offer specific recommended spiritual care practices for people experiencing unplanned pregnancy and abortion. Instead, just as reading fiction—especially with characters who are very different from ourselves—is an important method for developing empathy, laying bare the personal story of a caregiver, who is both care receiver and

caregiver at the same time, provides insight into the experience that may not be gotten at in as meaningful a way otherwise.

It's important to recognize that in this project, I am speaking to the power of autoethnography for formation/self-supervision, and not for spiritual care itself. When I say that autoethnography can be *method as spiritual care*, I mean to say that we can approximate spiritual care in our employment of narrative methods, and that many of the values of spiritual care are embodied in evocative autoethnography. With commitments to interculturality and social change, I understand the analogy and act of spiritual care in relational research as something far greater than the dyadic interactions of researcher and participant. Approaching practical theology as transformation means that, although meaning-making happens in the context of individual relationships, I have a broader concept of healing that includes the larger cultural commentary that is so essential to the work of autoethnography and the way that those insights emerge. I do think it is possible that autoethnography can be more than just metaphorically spiritual care, but it might require some serious rethinking of norms and standards for clinical practice and research (particularly in a healthcare setting) for us to explore this in full. From my perspective, this is one of the greatest challenges in trying to apply autoethnography in the clinical context, because of protected health information, because of clinical distance and the therapeutic contract and how that is widely understood, because of the preference for evidence-based methods in healthcare, and because of research ethics norms around consent and anonymity.

Presumably, autoethnography has the greatest potential in practical and pastoral theology as a method for dissertation research and for classroom instruction. I hope to have the opportunity to explore its potential in the clinical context at some point in the future. In addition

to that work, I would like to see detailed research into the pedagogical application of autoethnography, building on the reflective practices of story theology, definitional ceremony, and the work of Guillemin and others. And, as I suggested in Chapter 3, there is also room to research spiritual care in the context of abortion experiences, whether it is a comparative study with therapeutic and elective abortion and the healthcare context in which the abortion occurs, or whether it is a deeper look into the decision-making process around unplanned pregnancies and the role spiritual caregivers can play in supporting people through that reflective work. Another potential contribution would be to research men's experience of abortion. Finally, there are opportunities to autoethnographically research other stigmatized experiences as spiritual caregivers, contributing more to the destigmatization of issues such as infidelity, polyamory, and single parenting (addiction, mental illness, and relational violence also come to mind), and more fully owning our humanness as religious professionals.

Autoethnography has the potential to contribute new forms of practical and pastoral theological literature around these and other issues, literature that honors both the *phronesis* and the *poesis* that we are called to do as caregivers of the soul, as meaning-makers, as relational researchers. The metaphor of the living human document in the web is illustrative of just what I've tried to do in telling my abortion (and formation) story within the larger context of relationships, cultural narratives, and the stories of others. Autoethnography provides a way for us to enact this enduring pastoral theological metaphor in our writing and research process and to bridge the theory and practice gap, as our clinical training intends, and as our relational ways of caring, researching, living, and being will always do.

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Appendix 1: Consent to Participate in Research

Identification of Investigator and Purpose of Study

You are invited to participate in a research study, entitled “Method as Spiritual Care?: An Autoethnographic Exploration of Teenage Pregnancy and Abortion.” The study is being conducted for a doctoral dissertation by Katherine Rand under the supervision of Duane Bidwell of Claremont School of Theology, 1325 N. College Ave, Claremont, CA 91711, dbidwell@cst.edu, 909-447-2528.

The purpose of this study is to examine the potential for autoethnography to contribute to practical theological research. We will do this by exploring our adolescent abortion experiences, the events and relationships surrounding them, and the ways in which our memories of these events change over time and in different contexts. Your participation in the study will provide a better understanding of how autoethnography and narrative inquiry can be used to explore stigmatized experience and moral decision-making processes, and to illustrate the spiritual implications of both. You are free to contact the investigator Katherine Rand, 1087 S. Cloverdale Ave., Los Angeles, CA, 90019, katherine.rand@cst.edu, 909-242-5395 to discuss the study.

If you agree to participate:

- Your involvement will require one or more conversations in which we dialogue around what place your abortion experience has in your larger life narrative. This will be a collaborative process, and I will encourage additional conversation and reflection up until the point that I submit the final draft of the dissertation to my committee.
- Your participation will consist in audio-recorded interviews, sharing of relevant artifacts you might have (letters, drawings, journals, anything directly relevant to the study), and in reviewing my writing and representation of you and your memories, should you choose, before publication.
- You will indicate whether or not you would like me to A) use your real name, B) use a pseudonym; or C) fictionalize your account to further protect your identity.
- You will not be compensated for your participation in this project.
- You may withdraw from this research project at any point, and your data will be removed from the study.

The purpose of this study is to gain insight into practical theology, pastoral care and/or spiritual care. Participation in this study should not be regarded as—or substituted for—therapy by a licensed professional.

Consent to Collect Protected Health Information (PHI)

By agreeing to share your abortion story, you acknowledge that I will be collecting PHI and that that information may be disclosed in the dissertation. This information will be anonymized, to the extent that you request it, as explained above. Again, you may withdraw at any time, at no penalty to you, and your information will no longer be used in the study.

Risks/Benefits/Confidentiality of Data

There are no more than minimal risks involved, in that our conversations could cause you to feel uncomfortable, embarrassed, sad, regretful, and so on. There will be no costs for participating. I will collect your name, email address and other personally identifiable information during data collection. If you have requested it, I will do my best to maintain your anonymity. I will be the only one to have access to raw data and audio from the interviews, though individual participants may request access to their own interview transcript(s). I will ultimately decide what appears in the completed work, but I will give you an opportunity to review before anything is published. If we cannot agree on your representation in the text, and I keep something you find problematic, I will write a footnote that clearly indicates your disagreement.

There may be additional projects after the dissertation for which our conversations will be relevant. I will store the raw data for five years, on my private computer and via password-protected

cloud storage, at which time I will delete audio/digital copies of our conversations and will also shred any hard copies.

Participation or Withdrawal

Your participation in this study is voluntary. You may decline to answer any question and you have the right to withdraw from participation at any time. Withdrawal will not affect your relationship with Claremont School of Theology or me in any way. If you do not want to participate, you may simply notify me of your desire to withdraw and your data will no longer be used as part of my research.

Contacts

If you have any questions about the study or need to update your email address, contact the primary investigator Katherine Rand at 909-242-5395 or send an email to katherine.rand@cst.edu or katherine.rand@gmail.com. This study has been reviewed by the Claremont School of Theology Institutional Review Board and the study number is 2017-17.

Questions about your rights as a research participant.

If you have questions about your rights or are dissatisfied at any time with any part of this study, you can contact, anonymously if you wish, the chair of the Institutional Review Board by phone at (909) 447-6344 or email at irb@cst.edu.

Thank you.

SIGNATURE OF RESEARCH PARTICIPANT

I have read the information provided above. I have been given an opportunity to ask questions and all of my questions have been answered to my satisfaction. I am aware that the researcher cannot entirely guarantee anonymity and might publish personal information that others can identify, including my name (unless I request a pseudonym and/or fictionalization of my account). I am aware of mental health resources available to me, should they be necessary during my participation in this study. I have been given a copy of this form.

Name of Participant

Signature of Participant

Date

Address _____

Phone

Email

SIGNATURE OF INVESTIGATOR

Signature of Investigator

Date (same as participant's)

A copy of this document will be supplied for your records.

Appendix 2: The Role of Ritual

A major part of the story I told when recording for *The Abortion Diary* was around the *mizuko kuyo*, a funeral ritual for my unborn child, which I had done only a few months prior. Melissa became especially interested in her storytellers' personal rituals, of which there were many, and eventually realized that the podcast was her own ritual of healing around her abortion. I tell her and her listeners about my experience.

Mizuko Kuyo is a traditional Buddhist funeral ritual for aborted (spontaneous and elective) fetuses. It's translated to 'water baby' service. There is a Bodhisattva in the Japanese Buddhist tradition called Jizo, who's supposedly the guardian of unborn children [more generally, he is the protector of children, and especially of those who died before their parents]. When I did my mizuko kuyo we didn't actually have a Jizo so we improvised. We had a picture of Avalokiteśvara, or Guanyin in the Chinese tradition, which is kind of a gender non-conforming bodhisattva. This bodhisattva has a lot of feminine characteristics but sometimes is referred to as male, and sometimes referred to as female. In this case, she was representing a mother figure, as the ocean of compassion, which is an important concept in the Shin Buddhist tradition. And this idea of boundless compassion and full and total acceptance is where so much of the healing from the ritual came for me. There were about 35 other people in the room, virtual strangers, yet also together in this intimate space of a Buddhist retreat, where we are able to share really personal stuff in a small amount of time because it's just what we do.

My teacher who was leading the retreat is a Jodo Shinshu priest and is Japanese American and, though he had not done this ritual before, he was quite familiar with it. He offered

to do this for me, and we had planned to do it privately at the end, but in the context of the retreat it occurred to me that I wanted to make it something that other people could participate in, knowing that it might be healing for them, too. And when I suggested that to him, he said, "That's perfect. That's what I would have wanted but I needed you to be the one to suggest that." And then he said, "I really want everyone to be able to participate, so let's just have it be part of the program." He had asked me to write a letter to my unborn child, so I had already done that. But I did that very much off-the-cuff, just stream of consciousness, I didn't think about it a whole lot. And he said he'd like me to read the letter to everyone, that we would chant the Juseige, and that we would dedicate it to my unborn child. He didn't really know what else would happen but he asked me to say whatever I was comfortable saying.

I gave some background. I framed the whole thing as, this is my particular story, this is my experience and it is my unborn child that we are honoring in this ritual, but it's with full recognition that many of you in this room have either had an abortion or a miscarriage and have unborn children that you maybe have not really honored or grieved fully. Then I read my letter. Then we chanted. The minute we started chanting, the tears just started coming down for me; I couldn't really chant because of this recognition that all these voices were being raised in honor of this child; the acknowledgment of the child and my loss was overwhelming. And, so, then after the chanting my teacher asked me to bring my letter up to the altar and offer it to Avalokiteśvara and to bow, and to do a really deep bow. And in a Buddhist funeral, which I experienced for the first time only a few weeks before because one of the members of this community had died and I went to her funeral, this is what's done. Everyone goes up to bow to

the life that is no longer. So I went up, did this very deep bow, and when I went back to sit down, my teacher said, "If anyone else is inspired to go up to the altar, please do so now."

One of the first people to come back from the altar was actually the life partner of the woman who had died three weeks earlier. And she just held me and thanked me, and she bowed, and so then that became part of the ritual. And then, one after another, everyone went up. Every single one of them bowed to me to recognize the loss of my unborn child, hugged me, cried with me, and said, "It's Okay. You're okay." So all the shame and stigma part felt very, well it was just not there at all. It didn't matter what the politics of any of these people were around this issue. That was not important. The important thing was, "You've suffered. We've suffered. We suffer together and we offer you love and compassion, fully, without any conditions in our common humanity."

And so it was just this incredible meeting of hearts, in the bowing to one another and the hugging. And some people exchanged words with me. Many women told me their stories very quickly as they hugged me. And some of the men too. And then the next day I heard more stories and a lot of gratitude from a lot of people, about how much it moved them, and how much it brought up for them around their own experiences.

It was powerful because so many people were moved to tears. One man was on the ground and could not even get up to participate fully in the ritual because he was able to unlock suppressed grief that he'd had for over 20 years. His wife said he had until that moment never cried for the baby that they had lost. And another man, when he got up and bowed to me in the Buddhist way and hugged me realized that I was the age of the child he might have had, had they not aborted. And he felt this immense gratitude for my life and who I had become and, that was

part of the narrative in this healing ritual, was the thank you to this life that did not come into being because it allowed me to live the life that I have lived. (Madera, 2015)

For more information on the mizuko kuyo, see Jeff Wilson (2009) and Bardwell Smith (2013).